

For City of Tamarac use only

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General Volunteer

City of Tamarac

CONSUMER REPORTING DISCLOSURE AND AUTHORIZATION

By this document, the City of Tamarac discloses that a consumer report may be obtained for business purposes as a part of the background investigation necessary prior to becoming engaged with the City as a volunteer and/or an independent contractor providing services to the City. If retained, this authorization shall remain on file and shall serve as an ongoing authorization for the City of Tamarac to procure consumer reports at any time during your engagement.

Print Full Name

*Social Security Number

Signature

Date

STATE OF FLORIDA

COUNTY OF BROWARD

The forgoing instrument was acknowledged before me this _____ day
of _____, 20____, by _____, who
(Name of Person Acknowledging)

is personally known [] OR produced identification [].

Type of ID produced _____

Signature of Notary Public

Name of Notary Public as Commissioned

Commission Number

*Your social security number is requested for the purpose of volunteer applicant identity verification and background screening and will be used solely for these purposes.