



**COLUMBUS CONSOLIDATED GOVERNMENT**  
*Georgia's First Consolidated Government*

0101-099-1999-4869

**INSPECTIONS & CODE DEPARTMENT**

420 10<sup>th</sup> Street, Columbus, Georgia 31901

706-653-4126, Fax 706-653-4123



**Amount To Be Validated: \$20.00**

**WAIVER FOR POLICE RECORDS CHECK**

I understand that in order for the **Inspections & Code Department** to approve my application for a **Short-Term Rental Permit**, the Columbus Police Department will have to perform a criminal record check on myself. I hereby authorize the Columbus Police Department to conduct such a criminal record check locally and statewide, and release the information to the **Inspections & Code** Department, or its' authorized agent.

Full Name: \_\_\_\_\_

Maiden Name: (if applicable) \_\_\_\_\_

Any Aliases Used: (if applicable) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant/Principal

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public My Commission Expires: \_\_\_\_\_

<b>(For Office Use Only)</b>
Subject does / does not have felonies on his or her record
Subject does / does not have misdemeanors relating to moral turpitude, drugs, or alcohol.
Subject does / does not have ordinance violations relating to moral turpitude, drugs, or alcohol.
_____ Columbus Police Department
<b>(Please attach applicable records.)</b>