



Community Fire Company of Cornwall Borough

Authorization to Release Information

I, the undersigned, do hereby authorize the Community Fire Company of Cornwall Borough to investigate all information and statements contained on my application for membership dated. _____

I authorize all personnel and other references listed on said application to furnish the Community Fire Company of Cornwall Borough any and all information concerning my character, background, present and/or previous employment, places of residence, and any other pertinent information.

I hereby release all parties from any or all liability which may result from furnishing requested information to the Community Fire Company of Cornwall Borough.

Name: _____
(Please Print)

Signature of Applicant _____ Date: _____

↓Do Not Write Below Line Company Use Only↓

Date Application Received _____ Application Fee Paid \$10.00

Finding of the Investigative Committee Favorable Unfavorable

Signature of Investigating Chairman: _____

Date of Vote for Active Membership: _____ Approved Not Approved

Applications may be hand delivered to a member, to the station or mailed.

Mail to:
Community Fire Co. of Cornwall Borough
P.O. Box 66
Cornwall, Pa 17016
717.273.8172