



**CITY OF
WADSWORTH**

SINCE 1814

A COMMUNITY UNMATCHED

CREDIT REPORT AUTHORIZATION FORM

By my signature below I, _____, authorize

The City of Wadsworth Utilities to obtain a Consumer Credit Report on me.

This authorization is valid for purposes of verifying information given pursuant to employment, leasing, rental, business negotiations, or any other lawful purpose covered under the Fair Credit Reporting Act (FCRA).

By my signature below, I hereby authorize credit agencies to release all information they may have about me including criminal and driving history. This authorization shall be valid in original or copy form.

Applicant's Name: _____ Date _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Previous Address _____

Phone Number _____