

Lt. Ron Milardo
Portland Police Department
265 Main Street
Portland, CT 06480

MOTOR VEHICLE HISTORY CONVICTION INFORMATION REQUEST

I, Robert J Shea, Chief of the Portland Fire Department, am requesting a motor vehicle history background check be performed for the following applicants to our department:

<u>Subject's Last Name</u>	<u>First</u>	<u>MI</u>	<u>(Maiden)</u>	<u>Date of Birth</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I have included the full name and date of birth of each subject. I understand that there are NO Fees charged for any fire departments. Please return the response indicating whether there is a conviction record or not to the Fire Chief, Portland Fire Department, P.O. Box 71, Portland, CT 06480. Thank you for your help.

Signed: _____