



**CITY OF GRANITE SHOALS**  
**DEER HARVESTING PROGRAM**  
**RELEASE AND AUTHORIZATION FOR CRIMINAL HISTORY CHECK**



I, \_\_\_\_\_, hereby request and authorize the City of Granite Shoals, Texas, and its

Print name above

designated representatives, to conduct a criminal history background check as part of my application to participate in the City's Deer Harvesting Program.

I understand and agree to the following:

**Purpose of Check** – The criminal history check will be used solely to determine my eligibility to participate in the Deer Harvesting Program within the City of Granite Shoals.

**Authorization** – I authorize any law enforcement agency, state or federal agency, or other authorized information source to release to the City of Granite Shoals any criminal history information pertaining to me.

**Release of Information** – The information obtained will not be released to any person except for the person conducting the check and a certified (signed) copy of the information will be kept with my application.

**Release of Liability** – I release the City of Granite Shoals, its officers, employees, and agents from any and all liability arising from the use of the information obtained through this background check, provided such information is used in accordance with applicable law.

**Administrative Fee** – I understand that a **non-refundable administrative fee of \$3.75** must be paid at the time I submit this application. My application will not be processed without payment of this fee.

**Certification** – I certify that the information provided below is true and correct to the best of my knowledge. I understand that providing false or misleading information may result in denial of participation in the program.

**Applicant Information**

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

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Driver's License or State ID Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**For Office Use Only**

Fee Paid:  Yes  No

Amount Received: \$3.75

Received By: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_