

(FOR OFFICE USE ONLY)	
SITE NAME:	
RHR ACCT #:	Majoring provide the consequence of the consequence

## **General Consent Form**

,L	ast Name	First	Middle	Maide	have made
application with		Company Name	for	State P	urpose
Current Address			City	State	Zip Code
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revious Address			City	State	Zip Code
1 1					()
Date of Birth	Sex	Social Security Number	Driver's License	State	Home Phone
eceive information pert de credit granter federa continues in effect for or ne (1) year. Notice to redit report or tenant so de application fee as el or this agreement, or br	aining to this real and state recome (1) year unleapplications appresent report is ither 1) mail, 2) each thereof, s	n will serve as authorization. I/M port if I/We are not accepted bas ords of employment and income ass limited by state law, in which plying for a community in Minner not ordered, you are entitled to a destroy it, or 3) hold for retrieval hall be settled by arbitration admaward rendered by the arbitrator	sed upon information contain history, including state emp case, the authorization con apolis and St. Paul only: If y refund of the application feal upon one business-days' ninistered by the American	ined in the report. I/We a ployment security agency tinues in effect for the ma you are charged an appli- te. Please circle your pre- notice. Any controversy Arbitration Association in	uthorize RHR to produce to records. This authorization aximum period not to exceed cation fee but a consumer ferred method for return of or claim arising out of or relat accordance with its Commerce
applicant Signature	9			Date	
	OU.	T-OF-STATE CRIM	IINAL RECORI	DS SEARCH	
	City / Cou	nty State		City / County	State
	City / Cou	nty State	***	City / County	State