



**CITY OF LIBERTY LAKE**  
22710 E Country Vista Drive  
Liberty Lake, WA 99019  
Phone: 509-755-6700  
Fax: 509-755-6713

### **Background / Reference Check Permission**

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I, the undersigned applicant for a Solicitor License with the City of Liberty Lake, Washington, in consideration of the review, do hereby give the City or an independent investigating agency authorization to conduct a thorough investigation of my professional and personal background, including credit, criminal, driving, and all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein to provide any information requested about me.

I understand and agree to waive any claim or cause of action relating to use of any and all information gained through this investigation or release of information, and promise to defend and hold harmless the City of Liberty Lake, Washington, its officers and employees from any claim or loss arising from such investigation and/or release of information.

It is my intention that any copy of this authorization be as effective as the original.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_  
(First) (Middle) (Last)

Date of birth: \_\_\_\_\_

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

Please note: The Solicitor License application process takes approximately 5 to 7 business days.