

# **VERNON BETTS**

## **SHERIFF**

CITY OF ST. LOUIS CARNAHAN COURTHOUSE 1114 MARKET STREET - SUITE 112 ST. LOUIS, MISSOURI 63101 (314) 622-4131

## APPLICATION FOR SPECIAL PROCESS SERVER

DATE						
LAST NAME		FIRST NAME			MI:	
LIST ALL OTHER N	AMES YOU HAV	E USED (I	MAIDEN NAN	ME, NICKNAME	S	
OR ALIASES)						
ADDRESS		CI7	Γ <b>Υ:</b>	STATE	ZIP	
PHONE NUMBER#_						
DATE OF BIRTH		_SS#				
AGESEX	HEIGHT	w	EIGHT	HAIR	EYES	
DO YOU POSSESS A						
BUSINESS: NAME_						
ADDRESS		PHONE# IF DIFFERENT				
CITY		STATEZIP				
YOU MUST HAVE A LICENSED PROCES FOLLOWING FOR (	S SERVER.CAN					
YESNO_	IF NO P	LEASE EX	KPLAIN			
DID YOU GRADUAT	TE HIGH SCHOO	L? YES	NO_			
IF YOU DID NOT, D	O YOU HAVE A (	GED) YES	SN	0		
COLLEGE OR UNIV	ERSITY	1 2	3 4	ļ.		
DID YOU GRADUAT	TE? YES	NO	MAST	ERS OR ABOVE	?	

# MDCCCX

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## AUTHORIZATION FOR RELEASE OF INFORMATION

I REQUEST AND AUTHORIZE YOU TO FURNISH TO THE ST. LOUIS CITY SHERIFF'S DEPARTMENT, ANY AND ALL INFORMATION THAT YOU MAY HAVE CONCERNING ME, INCLUDING, BUT NOT LIMITED TO, MY SCHOOL RECORDS OR TRANSCRIPTS, AND OR ANY CRIMINAL HISTORY RECORDS.

PLEASE INCLUDE ANY AND ALL INFORMATION OF A CONFIDENTIAL OR PRIVILEGED NATURE IF IT IS REQUESTED. THIS INFORMATION IS TO BE USED TO ASSIST THIS DEPARTMENT IN DETERMINING MY QUALIFICATIONS FOR THE POSITION I AM SEEKING AS A LICENSED SPECIAL PROCESS SERVER.

I HEREBY RELEASE YOU, YOUR ORGANIZATION OR OTHERS FROM ANY LIABILITY OR DAMAGE WHICH MAY RESULT FROM FURNISHING THE INFORMATION REQUESTED.

I ALSO HAVE READ, UNDERSTAND AND ACCEPT ALL THE REQUIREMENTS IN THE APPLICATION INSTRUCTIONS.

I UNDERSTAND AN NCIC (FBI) RECORD CHECK WILL BE CONDUCTED WHICH WILL INCLUDE ALL STATE AND LOCAL CRIMINAL INFORMATION.

PRINT NAME	_
SIGNATURE	_
CURRENT ADDRESS	
 DATE	

PURSANT TO ST. LOUIS CITY REVISED CODE SECTION 3.02.060 THERE WILL BE A \$20.00 SERVICE FEE FOR ALL RETURNED CHECKS.