

(FOR OFFICE USE ONLY)	
SITE NAME:	
RHR ACCT #:	

## **Personal Information:**

## **General Consent Form**

,La	st Name	First	Middle	Maiden	have mad
application with			for		
Company Name		any Name	State Purpose		pose
Current Address			City	State	Zip Code
Previous Address			City	State	Zip Code
	Sex Social S	Security Number	Driver's License	(	) Home Phone
hotocopy or facsimile or eceive information perta ne credit granter federal ontinues in effect for on- one (1) year. Notice to a redit report or tenant so ne application fee as eit o this agreement, or bre	opy of this form will serve a ining to this report if I/We and state records of emple (1) year unless limited by pplications applying for a reen report is not ordered, her 1) mail, 2) destroy it, of ach thereof, shall be settle	as authorization. I/We are not accepted base oyment and income he y state law, in which community in Minneal you are entitled to a lor 3) hold for retrieval ed by arbitration admits	e understand that I/We hat ed upon information conta history, including state emp case, the authorization cor polis and St. Paul only: If refund of the application for upon one business-days' inistered by the American	other sources as required. ve a right to make a written ined in the report. I/We aut bloyment security agency rentinues in effect for the maxiyou are charged an applicace. Please circle your preferentice. Any controversy or Arbitration Association in a court having jurisdiction the	request within 30 days to horize RHR to produce to cords. This authorization mum period not to exceed tion fee but a consumer rred method for return of claim arising out of or relaccordance with its Commer
Applicant Signature				Date	
	OUT-OF-S	TATE CRIM	IINAL RECOR	DS SEARCH	
	City / County	State		City / County	State
	City / County	State	_	City / County	State