



**CITY of FINDLAY  
POLICE DEPARTMENT  
FINDLAY, OH 45840**



Phone: 419-424-7150  
Fax: 419-424-7296

**Building Access Application**

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

DOB: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Telephone Number (Cellular) \_\_\_\_\_

Employer \_\_\_\_\_

Reason for Application: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, understand that access to restricted areas in a  
Your Name Above  
government building will require prior approval by the Findlay Police Department. I understand that a  
criminal history check shall be conducted on me, prior to my approval. I hereby grant consent to the  
Findlay Police Department to run a personal criminal history check into my background.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date