



MAYOR  
Arthur Letchas

COUNCIL  
D.C. Aiken  
Douglas J. DeRito  
John Monson  
Cheryl Oakes  
Jim Paine

CITY ADMINISTRATOR  
Robert Regus

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Two South Main Street  
Alpharetta, Georgia 30004

678 / 297-6000  
Fax 678/ 297-6001

<http://www.alpharetta.ga.us>

24-Hour Information  
678 / 297-6015

TO: ALL POTENTIAL VOLUNTEER COACHES/INSTRUCTORS

FROM: MIKE PERRY, DIRECTOR OF RECREATION & PARKS

RE: **CONSENT FORM – REVISED JANUARY 2008**

Pursuant to a request from the insurance company for all liability/risk insurance policies for the City of Alpharetta, please complete the following and return as soon as possible:

I hereby authorize the CITY OF ALPHARETTA to receive any criminal history on file pertaining to me from any federal, state, or local criminal justice agency.

\_\_\_\_\_  
(PRINT FULL NAME) (SIGNATURE)

\_\_\_\_\_  
(ADDRESS) (CITY, STATE) (ZIP)

\_\_\_\_\_  
\*(SEX) \*(RACE) \*(DATE OF BIRTH) \*(SOCIAL SEC. #)

\*The above information is necessary to retrieve criminal history information.

PHONE NUMBER: (H) \_\_\_\_\_  
(W) \_\_\_\_\_  
(PG) \_\_\_\_\_  
(FAX) \_\_\_\_\_  
(CELL) \_\_\_\_\_

E-MAIL \_\_\_\_\_

FOR: **Wills Park Youth Baseball Association**

**Please return form to WPYBA representative.**



*Office Use Only*  
**CONSENT REQUESTED**  
**BY: Lisa Cherry**