



**POLO PARK EAST R.O. ASSOCIATION, INC.**

525 POLO PARK EAST BOULEVARD • DAVENPORT, Florida 33897

PH: 863-424-6932 • FAX: 863-424-8132

E-mail: Polo\_Park\_East@VERIZON.NET

Prospective PPE Resident,

The Rules and Regulations and Policies of the Polo Park East Resident Owners Association do not permit persons who have been convicted of a felony within the past ten year's residency in the park. Prior to moving into the park written approval from the Board of Directors must be received. Part of that approval process is to pay for, and satisfactorily pass, a criminal background check. Each person seeking residency must submit an "Acknowledgement and Authorization Regarding Criminal Background Investigation" form along with payment of \$35.00 (fee subject to change) to the Polo Park East office.

We recognize that the information on this form is highly sensitive and every effort to protect it will be taken. The forms will be locked in a secure location, only available to those processing the request, until the background check is completed, at which time the sensitive information will be eradicated and the form along with the results will be filed.

If the background check is returned with an unsatisfactory finding, you will be notified and given the opportunity to contest the findings with the company providing the background check.

In cases where the background check identifies convictions for felonies within the past ten years permission for residency will be denied.

In cases where no felony convictions are identified the approval process will continue with the scheduling of an interview with the Board. Once the interview process is completed to the Board's satisfaction, written residency authorization will be given.

This letter serves as our required disclosure regarding our background check policies and procedures.

Thank you for your cooperation,

PPE Board of Directors



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## ACKNOWLEDGEMENT AND AUTHORIZATION REGARDING CRIMINAL BACKGROUND INVESTIGATION

I have read and understand the background check disclosure on the reverse of this form.

I hereby authorize the obtaining of "criminal background reports" about me by Polo Park East R. O. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by an Agent for Polo Park East R.O. Assoc. Inc., another outside organization and/or the Company itself.

I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

PRINTED NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE of BIRTH \_\_\_\_\_

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

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_