



**City of Central Falls
Constable Application**

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Telephone (1) _____ (2) _____

Email _____

Employer _____ Title _____

Address _____ City _____ State _____ Zip _____

Reason for requesting license _____

Type of Application New Renewal

General Release & Indemnity Agreement

The above applicant, in consideration of the license granted by the Licensing Authority of the City of Central Falls, hereby remises, releases and forever discharges the City of Central Falls, its respective employees, agents and attorneys from all manner of actions, causes of actions, debts, dues, claims and demands both in law and equity, more especially any and all claims for the above mentioned including but not limited to property damages and personal injuries resulting from the issuance of said license.

The above applicant, by signing below, acknowledges that all information in this application is correct and true.

Signature of Applicant

Date

Office Use Only

Valid ID ID # _____ Exp. Date _____

BCI Date of BCI _____

License fee \$25.00 Date Paid _____ Cash/Check # _____ Clerk Initials _____

Received by: _____ Date: _____

City Council Restrictions/Stipulations
Issuance of the License is subject to the following:

Determination by Council _____ Date _____ Clerk Signature _____