

**Barrington Woods Condominium Association Inc.**

**A Not-for-Profit Corporation**

**c/o Communiqué Association Management**

**5824 Bee Ridge Rd #413**

**Sarasota FL 34233**

**Office: 941-706-0920**

**E-mail: Maureen@communiquemgmt.com**

I hereby authorize Communiqué /Barrington Woods Condominium Association to obtain a Police Background Check for the purpose of evaluating my application to be an additional occupant in a single

housekeeping unit. I hereby release Barrington Woods Condominium Association and any procurer or furnisher of information from any liability in the use, procurement and/or furnishing of such information. I understand that my application information may be provided to local, state and/or federal government agencies, including law-enforcement agencies.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name printed legibly \_\_\_\_\_

Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_