

# DAY AND NIGHT PROCESS SERVING

DAYANDNIGHTWYO@GMAIL.COM

PO BOX 21015, CHEYENNE, WY 82003

OFFICE: (307) 634-7085

FAX: (307) 635-0698

## BACKGROUND CHECK REQUEST AND RELEASE

### Requestor's Info:

First & Last Name:	Business Name:	
Billing Address: (New Clients Only)		Phone #:
Email Address:		

### Required Info for Background Check:

First Name:	Middle Name (or Initial):	Last Name:
Date of Birth:	Social Security #:	
Current Address:		States They Have Lived In:
Comments/Additional Info:		

By submitting this form, you hereby accept any and all responsibility and liability pertaining to this Request and the submittal of the personal information contained herein. By submitting, you are also agreeing that you have the authority to submit this request for background check.

---

Signature (Digital Okay)