



222 East Market Street
Indianapolis, IN 46204
(317) 634-9266
www.indycm.com

Consent to Investigative Consumer Report

Name: _____

Social Security #: ____ - ____ - ____ Home Phone #: _____

Driver's License #: _____ State Issued: _____

Name as it appears on license: _____

Date of Birth _____

Home Address: _____

City: _____ State: ____ Zip: _____

I hereby give consent for an investigative consumer report to be done on me for **renting commercial space within the market house of the Indianapolis City Market**. I hereby authorize, without reservation, any person, law enforcement agency, state agency, former employer, corporation, partnership, limited liability company, credit agency, educational institution, city, state, federal court, military institution, employer or insurance company contacted by Indianapolis City Market Corp. to furnish any and all information required. I do understand the investigation will include information from law enforcement agencies, state agencies and public records information, such as credit, social security, criminal, motor vehicle and workers' compensation in accordance with the American with Disabilities Act. This report will include information as to my character work habits, performance and experience, along with the reasons for termination of past employment from previous employers. This releases the aforesaid parties from any liability and responsibility for collecting the above information at any time.

According to the Fair Credit Reporting Act (Law 91-508) SS 606:

A person may not procure or cause to be prepared an investigative consumer report on any consumer unless it is clearly and accurately disclosed to the consumers that an investigative consumer report including information as to his character, general reputation, personal characteristics and mode of living and employment history, whichever are applicable, may be made. I also understand that if I am denied employment because of the consumer investigation, it is my right to have the name of the agency or agencies disclosed to me within the time allowed. This authorization, in original or copy form, shall be valid for this and any further reports or updates that may be requested.

Signed: _____ Date: _____