

Acknowledgement

Name: _____

Business Name: _____

I have read the [Privacy Act Statement](#) (*link to document*) and the [Privacy Rights](#) (*link to document*) acknowledging that the fingerprints I provided will produce and provide my criminal background report to the Town of Castle Rock for review in relation to my liquor license application or operating manager application.

I have read and understand that I can challenge my criminal background record and request changes, corrections or updates to my criminal history at:

- Colorado Bureau of Investigation by <https://www.colorado.gov/pacific/cbi/identity-theft-and-mis-identification>)
- Arresting agency contacted directly to dispute your record
- FBI, Criminal Justice Information Services (CJIS) Division
ATT: SCU, Mod. D-2
1000 Custer Hollow Road
Clarksburg, WV 26306

Signature: _____ Date _____