

BCI PERSONAL INFORMATION FORM DO NOT GET ONE DONE ELSEWHERE

Name: Alexis Tella Street Address: 71 White Birch Circle
City: Hope State: RI Zip Code: 02831
Phone Number: Date of Birth: 07/10/1998 Male Female Yes
Cell Number: 401-419-7852 Email: ATella01@wildcats.jwu.edu

Military: n/a How Many Years: n/a
Type of Discharge: n/a
Former Address: 31 Sprague Circle, Johnston, RI 02919
Current Address:
Business Address :

HACKNEY LICENSES ONLY Driver's License:
Class of License: Have you had any violations in the past 18 months?
If so Explain:

AFFIDAVIT
Have you ever been arrested? no If so, what was the offense, what City/State, dates?

PRIVATE DETECTIVES: Do you intend to carry a firearm? If yes, permit Number:

I THE UNDERSIGNED APPLICANT, AFFIRM THAT THE FACTS CONTAINED HEREIN ARE TRUE AND THAT ANY OMISSION OR NON FACTUAL INFORMATION COULD RESULT IN THE DENIAL OF MY LICENSE.

Sign: [Signature] Date: April 2, 2019

DO NOT WRITE BELOW- POLICE USE ONLY

Record: No Record:
Charges:

Approved: Disapproved: Date:

Chief of Police Investigating Officer