



# Background Check Submission Form

2929 Tapo Canyon Road,  
Simi Valley, CA 93063  
(805) 583-6736  
www.simivalley.org

I, \_\_\_\_\_, confirm that \_\_\_\_\_  
(Firm representative) (Applicant)

has contracted with the below indicated investigation firm for a background check conforming to the requirements of the City of Simi Valley massage business permit application.

I, \_\_\_\_\_, understand that the results of the investigation will  
(Applicant)

be submitted directly to the Simi Valley Police Department and any information related to the investigation must be obtained from the Simi Valley Police Department. \_\_\_\_\_  
(Applicant initial)

DGA Detectives

Hooked Investigations

Informed Decision

Morrow Detective Agency

Sintra Group

Watermark Investigations

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Investigation Firm Representative (Signature)

\_\_\_\_\_  
Date