



LOCAL CRIMINAL RECORDS CHECK

Date: _____

Dear Sheriff _____:

Pursuant to Chapter 435, F.S., _____
(name of facility)

requests a local records check on the applicant listed below:

Full Name _____
Last First Middle/Maiden Other Names Known By

Sex _____ Race _____ Date of Birth _____

Social Security Number _____

Current Address _____
City State Zip Code

Previous Address if less than 6 months resident at current address

Name of Director _____

Address _____

Telephone Number _____ Fax Number _____

In Pinellas County, send this completed form together with a stamped self-addressed envelope to:

Pinellas County Sheriff's Department
P.O. Box 2500
Largo, FL 33779-2500