



**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*

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**