LOCAL LAW ENFORCEMENT BACKGROUND CHECK

Date:

Dear Sheriff’s Office,

Pursuant to Chapter 435, F.S. the Agency for Persons with Disabilities Suncoast Region request a local records check on the applicant listed below:

(Last Name) (First Name) (Middle Name)

(Date of Birth) (Social Security Number) (Race) (Sex)

Please document the findings on this background check for the return to the above below. Sincerely,

(Signature)