Local Criminal History Record Check

Dear Sheriff	:	=
Pursuant to Chapter 435, F.S.,	(Facility name)	
requests a local records check on the applicant below:		
(last name)	(first name)	(middle name)
(date of birth)	(Social Security nur	mber) (race) (sex)
Please document the findings	on this check and ret	urn information to:
	Sincerely,	
•	Em	Nover