



LOCAL LAW ENFORCEMENT CHECK

To be completed by the Police Department or Sheriff's Office in the county where you live.

Dear Sheriff:

Pursuant to Chapter 435, F.S., the Agency for Persons with Disabilities is requesting a local record check.

Thank you for your cooperation.

Please provide any record you have on the applicant listed below:

Last Name:	First Name:	Middle Name:	
Date of Birth:	SSN:	Sex:	Race:

No local law record(s)

Yes, local law record(s) attached

Local law check conducted by: _____

Date: ____/____/____