HillsboroughCounty GOVERNMENT Florida

REQUEST FOR LOCAL LAW ENFORCEMENT CHECK FOR APPLICANTS/EMPLOYER

Honorable David Gee, Sheriff
Hillsborough County Sheriff's Dept.
Records Department
P.O. Box 3371
Tampa, FL 33601

Dear Sheriff Gee:

Pursuant to Chapter 435, Laws of Florida, the Hillsborough County Office of Child Care Licensing requests a local records check on the applicant listed below:

LAST NAME FIRST NAME MIDDLE

DATE OF BIRTH RACE SEX SOCIAL SECURITY NUMBER

OWNER/OPERATOR/CAREGIVER (circle one)

EMPLOYEE/HOUSEHOLD MEMBER (circle one)

Please document the findings on this check and return the findings to:

Hillsborough County Office of Child Care Licensing
3152 Clay Mangum Lane
Tampa, Florida 33618

I hereby authorize the Hillsborough County Sheriff's Department to check any, and all records pertaining to criminal charges, and for any law enforcement agency to release to the Hillsborough County Office of Child Care Licensing information regarding charges under Florida Statutes or statutes of other jurisdiction.

DATE

APPLICANT'S SIGNATURE

Facility Employed

LAW ENFORCEMENT FINDINGS: