

Criminal History Information Request

This is a local name based background check for Indian River County

I am requesting a criminal history record check on the following individual. Date requested:				
Las	t Name: First Nam	First Name:		Middle Name:
Other Names Used:				
Rad	e:	Sex:		Date Of Birth:
Social Security Number: XXX-XX- Address:				
Required Information Last & First Name- Complete name of person Sex- Male or Female Date of Birth Race- White, Black, American Indian, Asian, Pacific Islander, Unknown or Other Optional Information Social Security Number, Middle name, Other Names Used, and Address Payment Options • Personal or Business Check- Must include pre-printed name of account holder and mailing address. • Money Order- Must be made payable to U.S. Funds • Cash – Is accepted for requests made in person at the Sheriff's Office. All Payments must be made payable to Indian River County Sheriff's Office Please mail this form along with the required \$3 processing fee to: Indian River County Sheriff's Office ATTN: Central Records 4055 41st Ave				
Vero Beach, FL 32960 Return Criminal History Information Request Results To:				
	Contact Person :	-	Street:	
	Contact Phone :		City:	
0	Email:		State:	
0	Fax:		Zip:	
0	I will pick up the reports Within 30 Days.			

*Please be advised that reports not picked up within 30 days will be shredded and a new request and payment will be required.

Below is for Indian River County Sheriff's Office Use Only

OARREST RECORDS ATTACHED O PROVIDED NO CRIMINAL RECORD WAS LOCATED

Completed By_____

Date