

Criminal History Information Request

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

Other Names Used: Race:		
0 : 10 :: 11 1 200/2/2/	Sex:	Date of Birth:
Social Security Number: XXX-XX-	Address:	
<u>Last & First Name:</u> Comp <u>Race:</u> White, Black, Am	Required Informa lete name of person <u>Sex:</u> I erican Indian, Asian, Pacific Isla	Male or Female <u>Date of Birth:</u>
<u>Social Secur</u>	Optional Informati ty Number, Middle name, Other	
	Fee:	
	ckground Check or \$4 Certified	
<u>All Payments mu</u>	st be made payable to Indian R	iver County Sheriff's Office
 Cash: Accep Online: Requ Drop-off or M 	ATTN: Central Re 4055 41st Ave, V	a at the Sheriff's Office. sheriff.org/background-checks d via: unty Sheriff's Office
• Fax: (772) 50	roundchecks@ircsheriff.org 69-8344	
	Return Criminal History Informa	ation Request Results To:
Contact Person:	Street:	
Contact Phone:	City:	
Email:		
Fax:	Zip:	
I will pick up the reports Within 30 *Please be advised that reports no be required.	•	e shredded and a new request and payment will
Below	s for Indian River County She	riff's Office Use Only
ARREST RECORDS ATTACHED NO CRIMINAL RECORD WAS LOCA	TED	