



**REQUEST FOR LOCAL LAW ENFORCEMENT CHECK
for Applicants/Employer**

Dear Sir,

Pursuant to Chapter 435, F.S., Land o' Sunshine Camp Cedarbrook, Inc., requests a local records check on the applicant listed below:

Last Name	First Name	Middle Name	
Date of Birth	Social Security Number	Race	Sex

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

Land o' Sunshine Camp Cedarbrook, Inc.
17001 Shady Pines Dr
Lutz FL 33548

Thank you very much for your prompt cooperation.

Jane Fenby
Executive Director
Land o' Sunshine Camp Cedarbrook, Inc.

I hereby authorize any law enforcement agency to check any and all records pertaining to criminal convictions and for any law enforcement agency to release to Land o' Sunshine Camp Cedarbrook, Inc., information regarding convictions under Florida Statutes or statutes of other jurisdictions.

Date	Applicant for Employment
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