



Seminole Tribe of Florida Public Safety Department

RECORDS UNIT PHONE 954-965-4065

To Submit: Mail form and a copy of your government issued ID or supporting credentials to:
3101 North State Road 7, Hollywood, Florida 33021

RECORDS REQUEST

*** REQUESTS COULD TAKE UP TO 30 DAYS. Additional processing time beyond the estimated thirty (30) days for requests processed by other Tribal Departments***

Type of Record: <input type="checkbox"/> Police Report <input type="checkbox"/> Fire Incident Report <input type="checkbox"/> EMS Report (Medical release form required)
Other (Please specify) _____

Incident Number: _____ Date Requested: _____
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INFORMATION REQUESTED BY:

Name: _____
Address: _____ (Street) (City) (State) (Zip)
Phone: _____ Alternate Phone: _____

Reason for Request?

INVOLVEMENT IN REPORT (Please Check One)

<input type="checkbox"/> Person Involved, Driver, Passenger, Pedestrian	<input type="checkbox"/> Representative of Insurance Agency Company Name: _____
<input type="checkbox"/> Victim / Property Owner	<input type="checkbox"/> Attorney: Name of Firm: _____
<input type="checkbox"/> Parent / Guardian of Juvenile Party	<input type="checkbox"/> Other Party (specify): _____

TYPE OF INCIDENT: _____

Date and time of occurrence: _____ Location of Incident: _____
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Name of Participants(s): _____

INFORMATION REQUIRED (from Requester):

<input type="checkbox"/> Copy of Driver's License or other government issued photo identification, OR
<input type="checkbox"/> Date of Birth ___/___/___ AND <input type="checkbox"/> Last 4 of SS# _____

DIRECTION FOR SENDING RESPONSE:(Please select one of the following methods for response)

<input type="checkbox"/> Email: _____	<input type="checkbox"/> U.S. Mail	<input type="checkbox"/> FedEx (additional fee)
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Print Name _____	Signature _____	Date _____
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FOR DEPARTMENTAL USE ONLY Released By:

_____ ID# _____

Verified by Photo Identification or Personally Known Other: _____

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If this request is being made for any of the following purposes, please complete the following:

- Driving School
- Drug Rehabilitation Program
- Parole or Probation Officer
- Potential Employer
- Immigration Services
- Other (specify) _____

Name of Agency/Program/School/Employer: _____

Name of Contact Person at the Agency/Program/School/Employer: _____

Address of the Agency/Program/School/Employer:

Street: _____ Apt/Suite: _____

City: _____ State: _____ Zip Code: _____

Agency/Program/School/Employer Telephone Number: (____) _____ - _____

Any other information the Agency/Program/School/Employer will need in order to associate the requested report with the requestor:

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