**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: ☐ Traffic Crash Report ☐ Police Incident Report ☐ Fire Incident Report

☐ EMS Report (Medical release form required) ☐ Other (Please specify)_____

Incident Number: _____ Date Requested: _____

**INFORMATION REQUESTED BY:**

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: _____ Alternate Phone: _____

Reason for Request?

**INVOLVEMENT IN REPORT (Please Check One)**

| | |
|---|---|
| ☐ Person Involved, Driver, Passenger, Pedestrian | ☐ Representative of Insurance Agency<br>Company Name: _____ |
| ☐ Victim / Property Owner | ☐ Attorney:<br>Name of Firm: _____ |
| ☐ Parent / Guardian of Juvenile Party | ☐ Other Party (specify):<br>_____ |

**TYPE OF INCIDENT:** _____

Date and time of occurrence: _____ Location of Incident: _____

Name of Participants(s): _____

**INFORMATION REQUIRED (from Requester):**

☐ Copy of Driver's License or other government issued photo identification, OR
☐ Date of Birth ____/____/_____ AND ☐ Last 4 of SS# _____

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

☐ Email:_____ ☐ U.S. Mail ☐ FedEx (additional fee)

Print Name Signature Date

**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: