

# Woodbridge Police Department Request for Information Form

## Your Information

Your Name (please print): \_\_\_\_\_ Phone # \_\_\_\_\_

Your Agency: \_\_\_\_\_  
(If applicable) (Insurance Company, Police Dept., etc.)

Your Address: \_\_\_\_\_  
Street Town State Zip Code

## Documents You Are Requesting

*Skip this section for Records Checks – SEE SECTION BELOW*

Check all that apply:  Accident Report  Incident Report  Other

Date of Incident: \_\_\_\_\_ Case Number: \_\_\_\_\_

Name of Person Involved: \_\_\_\_\_

Type of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

You are paying with (check one):  Check  Cash

## RECORD CHECKS ONLY

**Request a Police Record Check on the Following Individual**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_  
Street Town State Zip Code

Social Security Number: \_\_\_\_\_

Your Signature \_\_\_\_\_ Today's Date: \_\_\_\_\_

## --Office Use Only--

Documents Released: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_ Rec. No. / Amt. \_\_\_\_\_

Refusal (why): \_\_\_\_\_