



## Criminal Records Unit General Information Request Form



Mail to: **Henrico Division of Police**  
Criminal Records Unit  
P.O. Box 90775 Henrico,  
Virginia 23273

Make Checks Payable to: **County of Henrico**

I hereby request _____ copies of:	<input type="checkbox"/> Calls for Service	<input type="checkbox"/> Fingerprints	
	<input type="checkbox"/> Photographs	<input type="checkbox"/> Traffic Accident	
	<input type="checkbox"/> Offense Report	<input type="checkbox"/> Other _____	
Date of Request: ____ / ____ / ____	Date Required: ____ / ____ / ____		
Reason for Request: _____			
Name/Firm or Organization : _____ Telephone #: _____			
Address: _____			
#	Street	City	State      Zip Code

Name to be Checked:	Last	First	Middle	
Last Known Address	#	Street	City	State      Zip Code
Social Security Number (if Known):	-	-		

Accident or Incident Location: _____
Date: ____ / ____ / ____      Report Number (If Known): _____

### RECEIPT FOR SERVICES RENDERED:

Received from: \_\_\_\_\_ \$ \_\_\_\_\_ for furnishing copies of  
(First) (Last)  
 the information requested above.

Signed: \_\_\_\_\_, Criminal Records Unit      Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Division Member's Name

<b>NOTICE:</b>	The Division of Police does not certify the accuracy or completeness of the records provided. If certification of court records is required, it may be obtained from the Office of the Clerk, Henrico County General District Court or from the Clerk, Henrico County Circuit Court.
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