



ASHLAND FREEDOM OF INFORMATION RECORDS REQUEST FORM

PLEASE COMPLETE THE REQUEST PART OF THIS FORM AND RETURN TO:

Ashland Police Department

601 England St.

Ashland Virginia 23005

NAME AND ADDRESS:

TELEPHONE NUMBER:

Daytime: (____) _____

Evening (____) _____

IS THIS REQUEST BEING MADE FOR, OR ON BEHALF OF A BUSINESS, FIRM,
OR ORGANIZATION? YES NO

IF YES PLEASE GIVE NAME & ADDRESS OF BUSINESS, FIRM, OR
ORGANIZATION & DETAILED

REASON FOR REQUEST:

DETAILED DESCRIPTION OF RECORD(S) REQUESTED: (Report Number_____)

SIGNATURE: _____ DATE: _____

Support Services Officer receiving request _____ Date _____ Time _____