



Virginia Gardens Police Department

6498 N.W. 38th Terrace
Virginia Gardens, Florida 33166



PUBLIC REQUEST FORM

Phone: (305) 871-3141 Fax: (305) 871-1120 Email: Police@vgpd.com

Print Name Last First Middle Today's Date

Date of Birth (Optional) Phone (Daytime) Cell or Other phone

Mailing Address City, State, Zip code

Public Records Request Fee: **\$5.00**

Records Requested:

Police Report/Type of Incident: _____

Traffic Accident Report: _____

Citizen Letter: _____

Other/Specify: _____

Case Number: _____. Also, please provide date, time, and location of the incident, as well as any other information, including names of persons involved:

Your relationship to the case (Choose one):

- | | | |
|---|--|---|
| <input type="checkbox"/> Driver | <input type="checkbox"/> Defendant | <input type="checkbox"/> Passenger |
| <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Victim | <input type="checkbox"/> Vehicle Owner |
| <input type="checkbox"/> Parent of Minor (Under 18) | <input type="checkbox"/> Witness | <input type="checkbox"/> Property Owner |
| <input type="checkbox"/> Person Injured in Accident | <input type="checkbox"/> Insurer of Involved Party | <input type="checkbox"/> Attorney of Involved Party |

Other _____

Signature _____ Date _____

For Official Use Only:

Released By: _____ Date: _____

Type of Request: Office Telephone Mail Fax