

**WOODROW WILSON REHABILITATION CENTER**

**POLICE DEPARTMENT**

***P.O. BOX 1500-W230***

***FISHERSVILLE, VIRGINIA 22939***

**Phone: (540) 332-7317 FAX: (540)332-7008** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Information Request form**

Form may be submitted in person, mailed, faxed or emailed to [Policeinfo@wwrc.virginia.gov](mailto:Policeinfo@wwrc.virginia.gov)

Shaded areas for police staff completion only.

| Date of Request |  | Date Received |  | Received by |  |
| --- | --- | --- | --- | --- | --- |

| Name of Requestor |  |
| --- | --- |

| Company/Organization |  |
| --- | --- |

| Address |  |
| --- | --- |

| City |  | State |  | Zip |  |
| --- | --- | --- | --- | --- | --- |

| Phone: |  | Fax |  | Cell: |  |
| --- | --- | --- | --- | --- | --- |

| E-Mail |  |
| --- | --- |

| Signature |  |
| --- | --- |

In accordance with the WWPD policies and or the Virginia Freedom of Information Act (2.2-307 COV) I am requesting copies of any records related to:

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|  |

| Do Not Write Below Shaded Area – For Police Staff Completion Only |
| --- |
| Date Completed: Completed By: |
| Time Required to Complete: Materials Used: |
| Charges Assessed? Y/N: Paid at Business Office: Date: |