

Please mail completed form with payment to:

Lynchburg Police Department Records Unit 3405 Odd Fellows Rd Lynchburg, VA 24501

## Request for an Incident Verification Report

For each report requested, a separate application is required. Please submit a search and service fee of \$10.00 with each application. Make check or money order payable to *The Lynchburg City Police Department*. This fee is non-refundable. Please enclose a self-addressed, stamped envelope.

Please complete the following:		
Report/Case # (if known):		_
Type of Report:		_
Date of Occurrence:		
Location of Occurrence:		_
Vehicle Information (if applicable):		
License #:		
Make/Model:		
VIN#:		
Name, address and contact number of the individual to	whom this record is to be mailed	(please print or type):
	Contact	
	Number:	
FOR POLICE DEPA	RTMENT USE ONLY	
Report Attached		
☐ No Report Found (with the information provided)		
Handled By Officer - No Report Filed		
Officer:	Phone #:	
CC#:		
Loss Location Not In Our Jurisdiction		
Suggest you try:		
Not Releasable		