



SUFFOLK POLICE DEPARTMENT

111 HENLEY PLACE, SUFFOLK, VIRGINIA 23434
PHONE (757) 514-7900 FAX: (757) 514-4227 WEB: www.suffolkpd.com

Requestor Information

Name: _____

Address: _____

City/State/Zip: _____

Phone Number(s): _____

Email Address: _____

A copy of your identification will need to be submitted with this request.

Information Requested

Accident Report, \$10.00 Incident Report, \$10.00 Background Check, \$10.00

Report number: _____

Payment may be made by check, money order or credit/debit card.

Credit/Debit Card number _____ Expiration (mm/yy) _____

Billing zip code _____ CVV code _____

By signing below, I authorize a credit/debit card payment for the requested information:

Signature

Date: _____

If mailing requests / payments send to: Suffolk Police Department
Attn: Central Records
P.O. Box 1678
Suffolk, VA 23439

You may fax the request to **(757) 925-4278** or email to centralrecords@suffolkva.us if paying by credit/debit card.

I prefer my requested information be received by: Email Mail Fax _____

If you have any questions regarding your request you may call 757-514-7915.

Top 100 Best Small Cities in America

CNN Money Magazine 2010

