



CITY OF HARRISONBURG  
**POLICE**  
DEPARTMENT

**POLICE CHIEF KELLEY WARNER**  
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## Public Statistics Request Form

Complete this form and return to the Harrisonburg Police Department Records Section. A response will be sent via email or USPS within 7 business days of the request. If more time is needed for programming you will be notified.

Name: _____	Address: _____
Phone number: _____	Email: _____

Type of Statistics: Police Calls For Service       Offenses       Criminal Arrests:

Details of info Requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Request: \_\_\_\_\_

Specific location or area: \_\_\_\_\_

Time period starting: \_\_\_\_\_      Ending: \_\_\_\_\_

\*\*\*\*\* **Department Use Only** \*\*\*\*\*

Date Request Received: \_\_\_\_\_

Clerk Receiving Request: \_\_\_\_\_

Payment: (circle one):    check      cash      due upon receipt

Records Supervisor Approval: \_\_\_\_\_      Date: \_\_\_\_\_