

Citizen Requests for Local Virginia Beach Record Check

Request In Person

Individuals requesting to obtain a copy of their City of Virginia Beach local record check can do so in person by visiting The City of Virginia Beach Police Department's Records Unit located at the Virginia Beach Municipal Center (Building 11), 2509 Princess Anne Road, Virginia Beach, Virginia 23456.

Hours of operation are Monday – Friday, 8:00 a.m. to 4:30 p.m. Those services requiring processing time may not be accepted after 4:00 p.m. Individuals requesting their record check must present a valid government issued photo identification and one other form of ID.

There is a \$15 fee for this service. Payments can be made by cash, personal check or credit card (MC, VISA, DISCOVER.) Credit transactions will include a small service charge fee and checks should be made payable to the "City of Virginia Beach".

Request By Mail

Those Individuals wishing to obtain a copy of their City of Virginia Beach local record check via mail must complete a PD-150 which can be accessed on the City of Virginia Beach website at www.vbgov.com/Police.

The PD-150 should include individual's Full name, maiden name and/or any previous or alias names, Sex, Race, Date of Birth, and Social Security Number. Including your Social Security Number will ensure faster processing time and will be used to help identify the proper record information for best results. Include applicant's place of birth, reason for request and current address and phone number. The individual's signature on which the search is to be conducted, indicating consent, must be included on the form and notarized for the search to be conducted and mailed back to the individual.

Included along with the PD-150 must be a copy of the requestor's valid government issued photo identification and one other form of ID along with payment for services in the amount of \$15.00 made payable to the "City of Virginia Beach".

Mail your request along with a Self-Addressed return envelope to:

City of Virginia Beach
Department of Police
Records Unit
2509 Princess Anne Road
Virginia Beach, VA 23456

CRIMINAL RECORD INFORMATION REQUEST

In accordance with Code of Federal Regulations 28CFR20.21, Code of Virginia § 9.1-101, Code of Virginia § 19.2-389 (1950), as amended, and the Rules and Regulations of the Criminal Justice Services Commission of the Commonwealth of Virginia.

Note:

1. Unauthorized or further dissemination will subject the disseminator to criminal and civil penalties.
2. This form will be placed on file and remain on file for at least two (2) years (Code of Virginia).

(Please PRINT on this application, except for signatures required)

Applicant Information (name searched): _____ Date: _____

Name _____
Last Suffix Full First Name Full Middle Name Maiden

Sex _____ Race _____ Date of Birth _____ SS# _____

Place of Birth _____ Reason for Request _____

Current Address _____
Street #/Street Name Apt# City State Zip

Phone (_____) _____
(Include Area Code)

Applicant Notarization: I hereby give consent and authorize the Virginia Beach Police Department to search their files and Virginia Central Criminal Records Exchange (CCRE) for any criminal history record and report the results of such search to the agent or individual authorized in this document to receive same.

Signature of Person Named in Record _____

Subscribed and sworn to/affirmed before me this _____ day of _____, 20 _____

Notary Signature _____ My commission expires _____

Requesting Agency Information: As provided for in Section 19.2-389, Code of Virginia, I hereby request the criminal history record of the individual named in Section I above and swear or affirm that I have the consent of the person to obtain his/her record and will not further disseminate the information received, except as provided by law.

Signature of Person Making Request _____

(PRINT) Rank/Title Last Name First Name Middle

Address (include city, state, zip) _____ Phone (include area code) _____

Subscribed and sworn to/affirmed before me this _____ day of _____, 20 _____

Notary Signature _____ My commission expires _____

Below For Office Use ONLY

Identification: _____

CRIMINAL RECORD: NO
 YES/POSITIVE

Clerk Signature/Code _____ / _____ Date: _____