



PRIVACY RELEASE FORM

Due to the enactment of the "Right to Privacy Act," it is necessary for you to complete and sign this form authorizing our office to obtain information needed to respond to your request for assistance. The information obtained should be only that which is related to the issue you presented to our office.

Name: TW [redacted]

E-mail address: [redacted]

Address: [redacted]

City: Houston State: TX Zip Code: 77085

Phone (Home): _____ Cell: 443-909-0055 Work: _____

Social Security Number: [redacted] Date of Birth: [redacted]

Please provide any agency case numbers that reference your case (i.e. Tax ID No., Veterans Administration Claim No., Alien Registration No., Military ID No.) _____

Please explain the nature of your issue and attach any correspondence which supports this statement or which relates to your case: (If necessary, use additional paper.) William Bryant Brock was recruited to clean up the racism at the VW plant in New Stanton PA he was killed hrs after joining the \$70,000,000 million Dollar Class Action discrimination lawsuit against VW there was NO coroner's inquest performed yet his death was ruled suicide Mr Brock was Left Handed shot in the Back of the right side of his head the bullet entered above his right ear & exited the top of his head earlier that day he told friends that "I'll see you at the meeting" Monday, he told others he sold his Audi as he purchased a porch there was an alleged suicide note found near his body that was later analyzed by Curtis Baggett & he's will to prove in court that letter was forge I've gone to the FBI, Washington County, & PA State police

Please state the outcome you are seeking: I'd like the u.s. Justice Department to examine the facts from surrounding the murdered & cover-up of William B. Brock & change / update his death Certificate to reflect Homicide instead of suicide

I understand that for you to respond fully to my request, it may be necessary for your office to review federal records which may contain information you may need to assist me. By signing this form, I hereby authorize the appropriate federal agencies to release to your office such information as you may require.

Further, by signing this form, I understand that your office HAS NOT ACCEPTED my case and that upon review of this form, your office will determine whether or not my case will be accepted and advise me of such.

Signature: [Handwritten Signature]

Date: 07/08/21



Standard Right-to-Know Law Request Form

Good communication is vital in the RTKL process. Complete this form thoroughly and retain a copy; it may be required if an appeal is filed. You have 15 business days to appeal after a request is denied or deemed denied.

SUBMITTED TO AGENCY NAME: Washington County District Attorney (Attn: AORO)

Date of Request: 04/15/22 Submitted via: [] Email [X] U.S. Mail [] Fax [] In Person

PERSON MAKING REQUEST:

Name: TW [redacted] Brack Company (if applicable):

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted] Email: [redacted]

Telephone: [redacted] Fax:

How do you prefer to be contacted if the agency has questions? [X] Telephone [X] Email [] U.S. Mail

RECORDS REQUESTED: Be clear and concise. Provide as much specific detail as possible, ideally including subject matter, time frame, and type of record or party names. RTKL requests should seek records, not ask questions. Requesters are not required to explain why the records are sought or the intended use of the records unless otherwise required by law. Use additional pages if necessary.

DO YOU WANT COPIES? [] Yes, printed copies (default if none are checked) [X] Yes, electronic copies preferred if available [] No, in-person inspection of records preferred (may request copies later)

Do you want certified copies? [] Yes (may be subject to additional costs) [] No RTKL requests may require payment or prepayment of fees. See the Official RTKL Fee Schedule for more details. Please notify me if fees associated with this request will be more than [] \$100 (or) [] \$_____

ITEMS BELOW THIS LINE FOR AGENCY USE ONLY

Tracking: Date Received: 4-18-22 Response Due (5 bus. days):

30-Day Ext.? [X] Yes [] No (If Yes, Final Due Date: 5-30-22) Actual Response Date: 4-26-22

Request was: [X] Granted [] Partially Granted & Denied [] Denied Cost to Requester: \$ N/A e-Side

[] Appropriate third parties notified and given an opportunity to object to the release of requested records.

Washington County
City Police Department
56 W. Strawberry Ave.
Washington, PA 15301

April 15, 2022

To: Chief Dan Rush

The following correspondence is a Freedom of Information Act (FOIA) request for a release of copies of ALL the original documents collected by your department regarding the death of **Mr. William B. Brock** associated with the former Volkswagen of America (VoA) Westmoreland Plant, in New Stanton, Pennsylvania through the period of **July 1977** and **January 8th, 1983**. Mr. Brock had received numerous death threats throughout that time period. **Mr. Brock** was shot in his residence at **785 Duncan Ave. Washington, Pa. 15301**

Sincerely,



TW [REDACTED] Brock

TW [REDACTED] Brock
[REDACTED]