REQUEST FOR POLICE REPORT

Important Information

Requests will be processed within a reasonable time under the circumstances. The actual time to process the request depends on a number of circumstances, but generally the report will be mailed or available for pickup within 7 to 10 business days from the date of receiving the request. In accordance with Ohio law, certain reports may not be released or may be redacted. Reports that are not complete, are still under investigation, or have not been approved will generally not be released until they are completed and approved.

*Requestor Information				
Name:	Phone:			
Address:	City:		State: Zi	p:
*This information is not required but might assist us in processing your request more efficiently.				
REPORT INFORMATION (PROVIDE AS MUCH INFORMATION AS POSSIBLE)				
Type of Report:	Accident Incident	Other:		Unknown
Report Number:	Date & Time	e of Accident/Incident:		
Location of Accident/Incide	ent:			
Names of Persons Involved	:			
First Name:	Last N	ame:		
First Name:	Last Name:			
First Name: Last Name:				
Reporting Officer name:				
☐ Paper Copy ☐ Copy to Disc ☐ Mail report ☐ Pick up ☐ Email report to:				
*****Police Department Use Only*****				
Date Received:	Time Received:	Receive	ed Bv:	
Released Approved Date Approved: Approved By:				
Released Declined Date Declined: Declined By:				
□ No Record Exists □ Juvenile Record □ Under Investigation Reason for Decline: □ Not Approved □ Incomplete □ Other:				
Number of Pages:	Number of Discs: Total			