

SYLVANIA POLICE DIVISION
REQUEST FOR PUBLIC RECORDS

The City of Sylvania, Ohio, Division of Police, will make available for inspection, and/or copying, all public records not exempt by law from disclosure. In order to facilitate the processing of your request we ask that you *voluntarily* complete this form.

Your name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Specific Record (s) Requested: _____

Check One: _____ I would like the records mailed to the address set forth above. I understand that the Division of Police may require payment for the cost of mailing the requested documents, in advance.

_____ I will pick up the records at the police division.

_____ I wish to inspect the records at a reasonable time during normal business hours.

*******BELOW FOR OFFICE USE ONLY*******

Received by _____ ID# _____ Date _____ Time _____

Report numbers and comments: _____

Reviewed for approval by _____ Date _____

The requested records were: () mailed - or - () notification to pick up was made on:

Date _____ By _____ ID# _____

04/08 - Routing: Forward this form, and documents requested, to the office of the Chief of Police for review and approval.