



SYLVANIA POLICE DIVISION

REQUEST FOR PUBLIC RECORDS RELEASE

Your Name: Date:

Address:

City: State: Zip Code:

Telephone Number: Email:

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 wish to have the record(s) emailed to me at the above email address.

☐ I will pick up the records at the Sylvania Police Division.

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

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

Received By: I.D # Date/Time:

Report Number(s) & any Comments:

Reviewed for Approval by: Date:

The Requested report(s) were: ☐ Mailed ☐ Emailed OR ☐ Notification for Pickup was Made on:

Date: By: I.D #