



# PERRYSBURG POLICE DIVISION

## Public Records Request

The Perrysburg Police Division, to better serve the public, has implemented the use of this Public Records Request form. While not mandatory, the use of this form assists Police Division employees in providing an accurate response to the request within a reasonable time period.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax #: \_\_\_\_\_  
(provide if you want the records faxed to you)

Email: \_\_\_\_\_  
(provide if you want the records sent to you electronically)

To assist us in providing you with an accurate response to your request, please describe as specifically as possible the public records that you are requesting. Please include the report number or approximate dates and time of incidents, if known.

Report Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

**For Office Use Only**

Requested Completed By: \_\_\_\_\_

Date: \_\_\_\_\_