



TOLEDO POLICE DEPARTMENT

PUBLIC RECORDS INFORMATION REQUEST

*****DO NOT USE THIS FORM FOR SINGLE ACCIDENT OR CRIME REPORT REQUESTS****

PERSON REQUESTING RECORDS:

Name: _____
Address: _____
Phone: _____ Fax: _____
Email: _____

RECORDS REQUESTED OF:

Name(s): _____
D.O.B. _____ SOC: _____
Address: _____

DETAILS:

Location of Occurrence: _____
Date/Time of Occurrence: _____

Type of Report: Accident Report Crime/Incident Reports
 911 CD/Transcript Body/Dash Cam Video SkyCop Video

Brief Description of Request:

REQUEST RECEIVED BY:

Personnel/ID #: _____
Date/Time: _____