



TOLEDO POLICE DEPARTMENT
Request for Information Under Public Records Act

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 Crime/Incident

Brief Description of Request:

REQUEST RECEIVED BY:

Personnel/ID #: _____
Date/Time: _____