



TOLEDO POLICE DEPARTMENT
PUBLIC RECORDS INFORMATION REQUEST

****DO NOT USE THIS FORM FOR SINGLE ACCIDENT OR CRIME REPORTS****

PERSON REQUESTING RECORDS:

NAME: _____
ADDRESS: _____
PHONE: _____ FAX: _____
EMAIL: _____

RECORDS REQUESTED OF:

NAME(S): _____
DOB: _____ SOC: _____
ADDRESS: _____

DETAILS:

LOCATION OF OCCURRENCE: _____

DATE/TIME OF OCCURRENCE: _____

TYPE OF REPORT: ACCIDENT CRIME/INCIDENT

RB#/ACCIDENT#/TOP# (IF KNOWN): _____

BRIEF DESCRIPTION OF REQUEST:

REQUEST RECEIVED BY:

PERSONNEL NAME/ID# _____

DATE/TIME RECEIVED _____

SUBMIT FORM USING ONE OF THE FOLLOWING METHODS:

EMAIL: tpdpr@toledo.oh.gov

FAX: 419-936-3659

MAIL OR
IN PERSON: TOLEDO POLICE RECORDS
 ATTN: PUBLIC RECORDS
 525 N. ERIE ST.
 TOLEDO, OH 43604