



WALBRIDGE

POLICE

Walbridge, OH

Records Request

Completion of this form is voluntary. However, it will assist us in completing your request. The more information you can provide the better we can serve you.

Person Requesting Records:

Name: _____

Address: _____

Phone: _____ Email: _____

Records Requested Of:

Name(s): _____

D.O.B.: _____ SSN: _____

Address: _____

Details:

Location of Occurrence: _____

Date/Time of Occurrence: _____

Type of Report (Circle one): **Accident** **Crime** **Incident**

Brief Description of Request: _____

Cost: Per copied page 5¢ / Per CD \$1.00 / Email No charge / By mail add certified mailing fee to cost. Fees must be paid prior to the release of records. Fees can be paid to the Village of Walbridge by cash or check.

Request Received By:

Personnel/ID #: _____

Date/Time: _____

Record Provided on Date: _____

Record Requested Denied Date and Reason: _____

705 N. Main St., Walbridge, Ohio 43465
Emergency: 911; Non-Emergency: 419-666-1447; Office: 419-666-1830
Fax: 419-666-5643; www.walbridgeohio.org

Email Completed Form to: dmccrum@walbridgeohio.org