

LORAIN POLICE DEPARTMENT

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Cel Rivera, Chief of Police

"PUBLIC SERVICE WITH HONOR"

PUBLIC RECORD REQUEST FORM RC 100

Filling out this form will help us provide the public records that you are requesting in a more timely manner.

Name of Requester:	
Requester's address:	
Phone number, including area code:	Today's Date:
Please indicate the records that you want to review. PLEASE PRINT	
Please Indicate your preference for receiving the records below.	
<input type="radio"/> I would like to inspect these records at the Lorain Police Department when they are ready.	
<input type="radio"/> I would like these records copied and I will pick them up when they are ready.	
<input type="radio"/> I would like these records copied and mailed to me at the address on this form.	
Name of department employee handling this request:	Date request was completed: