

***WILLOWICK POLICE DEPARTMENT  
RECORDS REQUEST FORM***

DATE: \_\_\_\_\_

1. DATE OF INCIDENT: \_\_\_\_\_

2. TYPE OF INCIDENT: \_\_\_\_\_  
(Accident, Assault, Theft, etc.)

3. NAMES OF INVOLVED  
PARTIES: \_\_\_\_\_

4. TYPE OF RECORD:      a) report or other document  
  
   b) audio tape  
  
   c) video tape  
  
   d) other: \_\_\_\_\_

4. PERSON REQUESTING: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_