



Mentor on the Lake Police Department

Request for Public Records

Date: _____

Name of Requesting Party: _____

Requesting Organization: _____

Phone Number: _____ Email: _____

Mailing Address: _____

Information Requested:

Date From: _____ Date To: _____

What information is being requested: CAD Report(s) Case Report(s) Other (explain): _____

Record will be produced via paper unless cleared through Lt. Messinger. Email/digital copy is dependent on the digital copy size.

How would the requester like to receive the records: Mail In Person Email

Signature of Requesting Party _____

Request for public records should be mailed to:

Mentor-on-the-Lake Police Department, Attn: Lt. Messinger, 5860 Andrews Road, Mentor on the Lake, OH 44060

OR emailed to policelt@citymol.org

Office use only:

Number of Pages: _____

Total Charge (10¢ per page): \$ _____

Payment Received by: _____ Date: _____

Request completed by: _____ Date: _____