

# Public Records Request

City of Bryan Police Department

304 W. High Street Bryan, OH 43506

Phone (419)633-6050

Fax (419)633-6055

Email: [bryanpolicerecords@cityofbryan.com](mailto:bryanpolicerecords@cityofbryan.com)

For Internal Use Only

Public Records # \_\_\_\_\_

Personnel Assigned \_\_\_\_\_

**Note:** You are not required to complete this form in order to make a public records request or to list your name or address etc. (O.R.C 149.43 (B) (5)). However, completing the form will help in contacting you if there is a question about your request, and let you know when your request is finished.

1. Requestor Name \_\_\_\_\_ 2. Date \_\_\_\_\_

3. Address \_\_\_\_\_

4. Email \_\_\_\_\_

5. Contact Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

6. Date and Time of Occurrence \_\_\_\_\_

7. Type of Record: Criminal Report Accident Report Body Camera Car Camera

Other \_\_\_\_\_

**If known, please provide information in blocks 8-11**

8. Accident Report # \_\_\_\_\_ 9. Incident # \_\_\_\_\_

10. Suspect Name \_\_\_\_\_ 11. Victim Name \_\_\_\_\_

Additional Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Requested record provided Criminal Report Accident Report Body Camera Car Camera

Approved for release: \_\_\_\_\_ Date: \_\_\_\_\_

Released by: \_\_\_\_\_ Date: \_\_\_\_\_