

**Berea Police Department
Records Request Form**

Date of Request: _____

Request Submitted by: E-Mail U.S. Mail Fax In-Person

Name of Requester: _____

Address of Requester (to include City, St, and ZIP) : _____

Records Requested: *Provide as much specific detail as possible so that we as an agency can identify the information. _____

Reason for Request: _____

Note: If approved of records request I agree to pay a reasonable fee of _____ per copy for processing of this information.

Requester Signature: _____ **Date:** _____

(FOR AGENCY USE ONLY)

Records Signature: _____ **Date :** _____

Chief of Police Signature: _____ **Date :** _____

Approved

Denied

Reason for Denial: _____
