

**RIVERSIDE POLICE DEPARTMENT REPORT REQUEST
FORM**

REPORT NUMBER _____

DATE OF INCIDENT _____

ADDRESS OF OCCURRENCE _____

TYPE OF REPORT _____

NAME OF PERSON INVOLVED _____

NAME OF PERSON REQUESTING REPORT _____

DAY TIME PHONE NUMBER _____

FAX NUMBER _____

Report will be faxed unless otherwise requested. If request is to be mailed a self addressed stamped legal size envelope must be provided with request. All requests are processed in accordance with the Public Records Act of Ohio. Please allow 3-10 days for processing.

**Riverside Police Department
1791 Harshman Rd.
Riverside, Oh 45424**

**Phone : 937-233-1820
Fax: 937-233-6213**