

PUBLIC RECORDS REQUEST FORM

Please provide the following information so we may locate your requested record.

Record requested (be specific):
Date and time of request:
Person requesting (name):
Address:
Phone Number:
Signature:
Comments, if any:

PUBLIC SAFETY RECORDS ONLY

Date/time of Incident:
Incident Number:
Location of Incident:
Type of Incident:
Person(s) involved in Incident:

You will be notified within five (5) business days of the status of your record request.

Fees per report: Incident: \$15*	Accident: \$15	Computer-aided Dispatch: \$15
Record Release: Approved:	Denied:	
Mt. Lebanon Official Signature		
Date:		

*Originally adopted with Resolution R-04-03; amended by Resolution R-29-05; amended by Resolution R-10-08

Mail to: Mt. Lebanon Assistant to the Manager, 710 Washington Road, Pittsburgh, PA 15228-2018
Or fax to: 412-343-3753