CLEVELAND DIVISION OF POLICE

CLEVELAND, OHIO

DIVISIONAL INFORMATION

DIST. ZONE 20 ___

EXAMINED BY RANK 20 ___

FROM TO

SUBJECT:

COPIES TO:

I request to enter the following information into the CAD Premise/Hazard file:

Address: _____ Phone #_____

Resident or Business Name: _____

Premise info ☐ Hazard info ☐

Comments: (include descriptons/ CAD # if applicable)_____

_____

_____

_____

_____

_____

_____

_____

Requested by: _____ Unit: _____

Retain information in CAD system until: (date) _____
(Note: Premise/Hazard information is purged after **1 year** unless a request is re-submitted)

ccs office use only

Date Entered: _____ Entered by: _____
Date Purged: _____ Purged by: _____