



Office of Community Relations

Solon Police Department

Date \_\_\_\_\_

33000 Solon Road  
Solon, Ohio 44139

Lt. Bruce Felton  
Phone: 440-337-1471 Email: bfelton@solonohio.org

To be filled out by requestor

Date(s) of event: _____	Time: _____	Location: _____
Type of Event: <input type="checkbox"/> Station Tour	Contact Person: _____	
<input type="checkbox"/> Speaker	Organization: _____	
<input type="checkbox"/> Other (explain below)	Phone: _____	Email: _____
Details: _____		
_____		
_____		
_____		

For office use only

Community Relations Staff Officer \_\_\_\_\_ Date: \_\_\_\_\_

Officer(s) Assigned: \_\_\_\_\_

Specific Instructions: \_\_\_\_\_

Chief of Police \_\_\_\_\_ Date: \_\_\_\_\_

Officer's comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed: \_\_\_\_\_ Date: \_\_\_\_\_

Signature

Preparation Time: \_\_\_\_\_ Presentation Time: \_\_\_\_\_

CC: Administrative Secretary (Return to Administrative Secretary Upon Completion)  
Shift OIC  
Assigned Officer(s)

