



Office of Community Relations

Solon Police Department

Date _____

33000 Solon Road
Solon, Ohio 44139

Lt. Keith Kulak
Phone: 440-337-1477 Email: kkulak@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)

