Deputy Commendation

Name:			****
Address:			POSON COST
City:	State:	Zip Code:	
Telephone/Cell:	Email:_		
I wish to provide the following information signed commendation form must be receiperson, please identify that person with f	eived within 30 days of the date	of the incident. Please state the	e facts below. When you refer to a
This incident involved Deputy:	-	Date of incident?:	Time:
Place/Address of Incident:			_
Information:			
This information is being provided for lawful p Ohio and Federal Courts. I have read the above			
	Х		Date:
Office Only: Date Received:/ B Investigative Notes:	y: Date Reviewed:	_// By: Ty	pe of Response?:

Deputy Commendation Continued



Page#:	Name:		Date:		
Information:					
I have read the above	e statement of page(s);	it is true and correct to my be	est belief and knowledge.		
		Х			Date:
Office Only Data Da	coived: / / D	Data Paviawad	/ / D	Type of Bernance?	
Investigative Notes:	ceived:/ By:	Date keviewed:	_// gA:	_ Type of kesponse?: _	