



## URBANA POLICE DIVISION

205 South Main Street  
Urbana, Ohio 43078

### CITIZEN COMMENDATION

***Citizen's Information (person reporting commendation)***

Citizen's Name	Home Telephone Number	Daytime Telephone Number (If Different)
Address (include street address, city, state & zip)		
Date of Birth	Social Security Number	Sex
Occupation	Employer	Employer's Telephone Number

**Commendation Information**

Incident Date & Time	Incident Location	Incident Number (If Known)
Police Employee's Name	2nd Employee's Name (If Applicable)	3rd Employee's Name (If Applicable)
Witness's Name, Address, Telephone Number		
Witness's Name, Address, Telephone Number		
Describe Basis For Commendation (Attach Additional Statement, If Necessary)		
Citizen's Signature		Date

**Receipt & Disposition Information ( Office Use Only)**

Employee Receiving Report	Date and Time Received	Report Forwarded to (If Applicable)
Type of Complaint ____ Class 1 ____ Class 2 ____ Class 3	Final Disposition	Final Disposition Date