CLEV	ELAND DIVISION OF POLICE AVL Disc Request
Record start date:	
Record start time:	
Record end time:	
Incident CAD #:	
Reason for request: (Pu	rsuit, MVA, etc)
Vehicle(s) I wish to see	records for:
In order to find AVL data on the vehicle (for exam	a, the Mobile Support Unit needs the actual number nple: 111 or 413A)
Request made by:	
of:	Please print your name
UI	Your unit
Your contact information Whatever means you would like the Mo office phone number, cell phone number	bile Support Unit to use to advise you that your request is ready for pick-up (e.g., email,
Comments, additional ir	nformation: (Location of occurrence, etc.)
	re this section blank. Mobile Support Unit Use Only
Request handled by:	Date:
Please fax this	completed request to the mobile support unit at: (216) 348-7121