



# **CITY OF MOUNT VERNON**

## **Mount Vernon Police Department**

Office of the Chief of Police  
5 North Gay Street  
Mount Vernon, Ohio 43050-3241



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**MOUNT VERNON POLICE DEPARTMENT**  
***OFFICER COMMENDATION FORM***

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMAIL: \_\_\_\_\_

OFFICER NAME: \_\_\_\_\_

I, \_\_\_\_\_, would like to commend the  
officer named above for an incident occurring on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

The details of the incident are as follows:

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Signature

Date

(Please feel free to use this space if needed)

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Please Initial and Date Here If This Page Was Used: \_\_\_\_\_