Public Records Request

Public records requests are responded to promptly and within a reasonable period of time depending on the complexity of the request and the availability of the record. Records pertaining to open investigations are not subject to the public records act pursuant to ORC 149.43 and Ohio’s Open Records Act. If you have any questions in regards to what constitutes a public record, please refer to the Ohio Sunshine Laws 2018 Resource Manual.

Requestor’s Last Name: ________________________________ First Name: ________________________________
Address: ___________________________________________ Phone Number: ________________________________

I am requesting the following public records:

☐ Accident / Crash Report  Crash Report # if known: ____________________________________________
  Date of Accident: ___________________________ Location of Accident: ____________________________

☐ Incident / Criminal Report*  Incident Report # if known: __________________________________________
  Date of Incident: ___________________________ Typed of Incident: _________________________________
*Records will be released only if the investigation is closed

☐ Local Criminal History Check for Housing or Employment*
  Name of Applicant: ____________________________________________
  Applicant’s Date of Birth: ______________________________________
*Only arrest and conviction records will be available. Records pertaining to suspected but not charged criminal activity is not subject to public records.

☐ Other Record  Record requested: ____________________________________________

Signature: ____________________________________________ Date: ____________________________

Fees:
Electronic Copy: Free of Charge
Please provide the email records are to be sent to: ________________________________
Paper Copies: $0.05 per page
If mailed to requestor, costs for postage and mailing materials must be paid in advance.
CD or DVD: $1.00 each

Office Use Only

Processed by ____________________________ Date ____________________________ Method of response ____________________________ Date ____________________________