

**City of Alliance Police Department
Records Request Form**

PLEASE NOTE: Ohio law does not require disclosure of your identity or intended use of requested records nor does it require that a request be in writing. However, a public office may ask that a request be in writing, disclosing the identity of the requester and/or stating the intended use, when a written request, disclosure of identity or intended use would enhance the ability to comply with the request.

REQUESTED BY:

Name (optional): _____
Agency/Company: _____
Address: _____
City, State, and Zip: _____
Daytime Phone: (_____) - _____
Date of Request: _____ Time of Request: _____

INFORMATION:

Please provide as much of the following information as possible so that we may easily locate the information you are requesting. Please attach copies of any documents that may describe your request, i.e., subpoenas, letters, etc.

Offense/Accident Report # _____
Other (describe) _____

Type of Incident: _____
Date of Incident: _____
Location of Incident: _____

Involved Party Name: _____
(Insured/Client) Address: _____
Date of Birth: _____

Ohio law provides that public records, except certain statutory exceptions, must be available at reasonable times during regular business hours. Upon request, the City is afforded a reasonable period of time to assemble and organize these records, and have an attorney review and authorize each request before it is released. If any requested records are exempt from disclosure, the records or parts thereof, will be withheld or redacted, and you will be provided with a statement of the legal basis for such action.

For internal use only:
Request Approved ___ **Request Denied by:** _____
Comments: _____
Submitted by: _____ **Date:** _____ **Time:** _____
Released by: _____ **Date:** _____ **Time:** _____