REQUEST TO REDACT ADDRESS

Pursuant to O.R.C. 149.45(D)(1), a peace officer, parole officer, probation officer, bailiff, prosecuting attorney, assistant prosecuting attorney, correctional employee, youth services employee, firefighter, EMT, Bureau of Criminal Identification and Investigation investigator, or federal law enforcement officer may file this form with a public office, other than a county auditor's office, to request that the address* of the person making the request be redacted from any record made available by that office to the public on the internet. *For purposes of this law, "address" is defined as "actual personal residence" by O.R.C. 149.43(A)(7)(a). This form is required to "include a place to provide any information that identifies the location of the address [of the individual] to be redacted." O.R.C. 149.45 (D)(4). If redaction is not practicable, the public office shall, within five business days after receiving the written request, explain to the individual why the redaction is impracticable. O.R.C. 149.45(D)(2).

Instructions:

- Complete entire form below and send directly to the public office that maintains the records to be redacted. Each individual requesting redaction is required to send the completed form to the appropriate public office. The Ohio Attorney General will not forward requests on behalf of the requesting individual.
- The Ohio Attorney General is not required or permitted to review and/or approve a request for redaction.

Ι,	e), request that the	office of	
	ictual personal residence from a		(print full name of public office) e to the general public on the internet
Requester is currently emp	loyed as a (Check only the ONE	that applies):	
☐ Peace Officer ☐ BCI&I Investigator		☐ Firefighter ☐ EMT	□ Probation Officer□ Bailiff
☐ Prosecuting Attorney	☐ Youth Services Employee	☐ Parole Officer	☐ Federal Law Enforcement Officer
(Use separate forms if Requester is currently employed and/or commissioned in more than one category.)			
To verify employment or c	ommission status, please provide	: :	
Employer Address/Contact			ential address within any record made
Document Title			
and Description: Specific Web Address (UR			
	t of Address to be Redacted:		
(Use the	e second page of this form to identify	additional locations of ad	dress to be redacted)
Signature of Requester:	nester: Date;		
If a requested redaction is	impracticable, we will provide	you with an explanation	on within five (5) business days after ate that you will contact this office to
Address:			
Telephone Number: (] I do not wish to prov	E-mail zide contact information. I wi	Address: ll contact the office for	an explanation.
Date Request Received/ (To be completed by the public office)			

^{*}This document is a public record, and the information you provide may be released in response to a public records request.*

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