



# Public Records Request

## Columbus Division of Police

Public Services Office-2nd Floor

120 Marconi Boulevard, Columbus, OH 43215

Phone (614) 645-4925 FAX 645-0903 Mon-Fri 9 AM-4 PM-Closed Holidays



**Do Not Use This Form to Request Incident Reports or Accident Reports**

For Internal Use Only

**Please read the information and instructions before completing the request form.**

Public Records # \_\_\_\_\_

Officer Assigned \_\_\_\_\_

**Note:** You are not required to complete this form to make a public records request or to list your name or address etc. (O.R.C. 149.43 (B)(5)). However, completing the form will help in contacting you if there is a question about your request, and to let you know when your request is finished.

1. Name of person making request: \_\_\_\_\_ 2. Date: \_\_\_\_\_

3. Address: \_\_\_\_\_  
City State Zip

E Mail: \_\_\_\_\_

4. Contact Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

5. Type of Record:  911 Tape  Print out Radio Run  
Other  \_\_\_\_\_  
(Specifically identify the Record(s) you are requesting)

6. Date and Time of Occurrence: \_\_\_\_\_ 7. Location of Occurrence: \_\_\_\_\_

**If known, please provide information in blocks 8-14**

8. Accident Report # \_\_\_\_\_ 9. Incident # \_\_\_\_\_

10. Investigative Unit Case Folder # \_\_\_\_\_ 11. Investigative Detective/Unit: \_\_\_\_\_

12. Suspect Name: \_\_\_\_\_ 13. Victim Name: \_\_\_\_\_

14. Additional Information: \_\_\_\_\_

**Public Record Fees**

Photocopies: **\$.05 each** Audio Tape/CD/DVD: **\$1.00 each** Video Tapes: **\$2.00 each**

Floppy Disk: **\$2.00 each** ID Computer Color Photo: **\$.25 each** Photographs: **\$.50 to \$2.00**

**Prices subject to change without notice. Make checks payable to: Columbus City Treasurer-Police**

**Do not include payment with this form. You will be notified when the request is completed and advised of the cost at that time.**

**Do not use this form to request Incident Reports or Accident Reports.**  
**Requests for arrest records must be made directly to the**  
**Franklin County Sheriff's Office, Records Section,**  
**370 S. Front Street, Columbus, Ohio 43215,**  
**phone # 614-462-3364**

*Please read the information and instructions below before completing the request form boxes on the reverse side.*

1. Name of the person requesting or to be contacted regarding the record.
2. The date you filled the form out.
3. The complete address including the city, state and zip code of the person requesting or to be contacted regarding the record.
4. This is the phone number(s) for the person to be contacted regarding the record.
5. A 911 tape is a copy of the phone call that came in on the 911 emergency phone line. The radio incident run printout is a paper copy of a call for service (*when someone needs a police officer to respond*). *If additional space is needed use box 14.*
6. Please provide the occurrence date and time (when did it happen).
7. Where did it happen (address)?
8. Accident report # is the number assigned to a crash report completed by an officer or individual.
9. Incident # is the number assigned to each report.
10. This is the number assigned to an investigation by a Detective. Example: Homicide Folder #94-36.
11. The name of the Detective and / or unit that is investigating the case.
12. Provide all known information about the suspect.
13. Provide all known information about the victim.
14. List any additional information you believe will be helpful in locating the requested record.

**Make checks payable to: COLUMBUS CITY TREASURER-POLICE**

Prepayment is required before your request is processed if one or all of the following applies:

1. All Photographs
2. Copying fees that are more than \$10.00
3. Person(s) with prior unclaimed requests:
  - a. Totaling more than \$10.00
  - b. More than 3 unclaimed requests regardless of cost.

Unsolicited prepayment over and above the final cost for the requested records will not be refunded. All such overpayment is submitted to the City of Columbus General Fund.

The Public Records Unit Staff will complete your request upon the availability of the record(s). If contact information is provided, you will be notified upon the completion of your request. All records are subject to redaction.