

# 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, community-based correctional facility employee, youth services employee, firefighter, EMT or Bureau of Criminal Identification and Investigation investigator 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.

I, \_\_\_\_\_, request that the office of \_\_\_\_\_  
(print full name) (print full name of public office)

redact the address of my actual personal residence from any record made available to the general public on the internet that includes my residential and familial information.

Requester is currently employed as a (Check only the ONE that applies):

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Peace Officer        | <input type="checkbox"/> Assistant Prosecuting Attorney | <input type="checkbox"/> Firefighter    | <input type="checkbox"/> Probation Officer                              |
| <input type="checkbox"/> BCI&I Investigator   | <input type="checkbox"/> Correctional Employee          | <input type="checkbox"/> EMT            | <input type="checkbox"/> Bailiff  |
| <input type="checkbox"/> Prosecuting Attorney | <input type="checkbox"/> Youth Services Employee        | <input type="checkbox"/> Parole Officer | <input type="checkbox"/> Community-Based Correctional Facility Employee |

(Use separate forms if Requester is currently employed and/or commissioned in more than one category.)

To verify employment or commission status, please provide:

Employer: \_\_\_\_\_  
Employer Address/Contact Information: \_\_\_\_\_

For each known instance, please identify the location of your actual personal residential address within any record made available by this office to the public on the internet:

Document Title and Description:
Specific Web Address (URL):
Location Within Document of Address to be Redacted:

(Use the second page of this form to identify additional locations of address to be redacted)

Signature of Requester: \_\_\_\_\_ Date: \_\_\_\_\_

If a requested redaction is impracticable, we will provide you with an explanation within five (5) business days after receiving your written request. Please provide contact information below, or indicate that you will contact this office to receive an explanation.

Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
\_\_\_\_ I do not wish to provide contact information. I will contact the office for an explanation.

Date Request Received ____ / ____ / ____ (To be completed by the public office)
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***\*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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