REQUEST TO REDACT ADDRESS

A peace officer, parole officer, prosecuting attorney, assistant prosecuting attorney, correctional employee, youth services employee, firefighter, or EMT may request a public office or a person responsible for the public records of a public office, other than a county auditor's office, to redact the address of the person making the request from any record made available to the public on the internet. Ohio Revised Code Section 149.45 (D)(1)* ****For purposes of this law, "address" is defined as "actual personal residence" by Ohio Revised Code 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 officer or person responsible for the public office's public records shall verbally or in writing within five business days after receiving the written request explain to the individual why the redaction in impracticable. O.R..C. 149.45 (D)(2*)

I, _____, request that the office of
(print full name)

_____

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 (*Check only the ONE that applies – use separate forms if Requester is currently employed and/or commissioned in more than one category*):

___ Peace Officer	___ Assistant Prosecuting Attorney	___ Firefighter
___ Parole Officer	___ Correctional employee	___ EMT
___ Prosecuting Attorney	___ Youth Services employee	

To Verify Employment or Commission Status Please Provide:

Employer: _____
Employer Address: _____
Employer Contact Information: _____ _____
Contact Name *Phone Number*

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 back of this form to identify additional locations of address to be redacted)

Signature of Requester: _____

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 any explanation. <u>This document is a public record, and the information you provide may be released in response to a public records request</u>.
Address: _____
Telephone Number: (____)_____ E-mail address: _____
___ I do not wish to provide contact information. I will contact the office for any explanation.

Date Request Received _____/_____/_____ (To be completed by the public office)

Document Title and Description:
Specific Web Address (URL):
Location Within Document of Address To Be Redacted:

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