



Public Records Request

Columbus Division of Police

Public Services Office-2nd Floor

120 Marconi Boulevard, Columbus, OH 43215

Phone (614) 645-4925

Mon-Fri 7 AM-2 PM Sat 11 AM-3 PM

Fax (614) 645-0903

Closed on Sundays & Holidays



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

For Internal Use Only

Please read the information and instructions on the next page 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

Email: _____

4. Contact Phone Number:

Alternate Phone Number:

5. Type of Record: 911 Audio Radio Run Printout

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**
ID Computer Color Photo: **\$.25 each**

CD/DVD: **\$1.00 each**
Photographs: **\$.50 to \$2.00**

Prices are subject to change without notice. Fees are payable by cash, money order, or certified check made payable to City of Columbus Treasurer-Police (Personal checks not accepted)

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 complete the request form by providing the following information:

1. Name of the person requesting or to be contacted regarding the record.
2. Date this form is being filled out.
3. The complete address including the city, state and zip code of the person requesting or to be contacted regarding the record.
4. The phone number(s) for the person to be contacted regarding the record.
5. 911 audio is a copy of the phone call that came in on the 911 emergency phone line.
The radio run printout is a paper copy of a call for service (when someone needs an officer to respond). *If additional space is needed use box 14.*
6. The occurrence date and time.
7. Location of occurrence (address, if possible).
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. The number assigned to an investigation by a detective. Example: Homicide Folder #94-36.
11. 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

You will be notified if prepayment is required before your request is processed if one of the following applies:

1. Copying fees that are more than \$10.00
2. 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 overpayments are 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.