

# Public Records Request Form



## SIDNEY POLICE DEPARTMENT

Records Office

234 West Court Street

Sidney, Ohio 45365

Office Hours: Mon-Fri 8:00 AM-4:00 PM

Closed Sat/Sun & Holidays

Phone Number: (937) 498-2351

### REQUESTOR INFORMATION

The Sidney Police Department is obligated to provide the public with any records not exempted from disclosure by law. You are not required to complete a written request for a public record (ORC 149.43(B) (5)), but completing this written request enhances our ability to identify, locate and deliver the requested public record(s). The Records Office will complete your request upon the availability of the record(s). If contact information is provided, you will be notified if there are questions regarding your request and/or upon the completion of your request with total costs associated. All records are subject to redaction.

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

### PROVIDE INFORMATION IF KNOWN

Type of Record: ☐ Accident Report ☐ Incident Report ☐ Non-Criminal Report ☐ Other: \_\_\_\_\_  
(Identify the record(s) you are requesting)

Report #:	
Suspect Name:	Victim Name:
Date and Time of Occurrence:	Location of Occurrence:

### PUBLIC RECORD INFORMATION

Please use the space below to type and/or legibly print a clear description and detailed information of the particular record(s) you are requesting. Be sure to include what type of incident you are requesting, (*example: child custody, criminal damaging, etc.*) the date or timeframe of the incident(s), individuals involved and the location (*address*) of incident(s) in the city limits of Sidney. If the request is unclear or is too broad, we may be unable to fulfill your request.

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### PUBLIC RECORD FEES

**PAYMENT IS REQUIRED PRIOR TO THE SIDNEY POLICE DEPARTMENT**  
**FULFILLING YOUR DIGITAL REQUEST**

☐ Flash Drive – 8gb / 16gb \$7.00 ☐ Flash Drive – 32gb / 64gb \$11.00 ☐ Flash Drive – 128gb \$15.00 ☐ CD – \$0.50

**\*\*\*POLICE DEPARTMENT USE ONLY\*\*\***

**BWC / VIDEO RECORDINGS**

DATE OF REQUEST \_\_\_\_\_

OCA# _____	CAD# _____
Date of Request sent to Rob Jameson _____	Initials <input type="text"/>
Length of BWC / Video Recording _____	Initials <input type="text"/>

Estimated Cost _____  Video length (minutes) x 1.5 x \$1.25 (\$75.00 an hour not to exceed \$750.00)  Example: 30 minute video x 1.5 = 45 x \$1.25 = \$56.25 ( <i>not including the cost of the type of storage device</i> )	Initials <input type="text"/>
Date of Response _____	Initials <input type="text"/> _____

Date of Payment Received _____ Receipt #: _____	Initials <input type="text"/> _____
Date Completed _____	BWC / Video Recording _____ + Mailing _____ + Type of Storage Device _____  <b>Grand Total</b> _____

NOTES:

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**\* RECORDS NOT AVAILABLE \***

- ☐ Record has never been maintained by the Sidney Police Department
- ☐ Record is no longer maintained or has been disposed of due to records retention schedule
- ☐ Record is prohibited from release due to an applicable state or federal law \_\_\_\_\_
- ☐ \_\_\_\_\_

**\* RECORDS PROHIBITED OR EXEMPTED BY LAW \***

- ☐ Record has been forwarded to legal counsel for research / review \_\_\_\_\_
- ☐ Record has been reviewed and law director / prosecutor have denied release \_\_\_\_\_
- ☐ Record has been reviewed by law director / prosecutor and records are to be released \_\_\_\_\_

Name: _____	Date Request Completed: _____
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Scan and attach reports with this request in *Police Shared Folder*.