

INFORMATION REQUEST
PUBLIC ORC. 149.43 PUBLIC RECORDS ACT

The Brunswick Division of Police is pleased to make available to the public all information not exempted from disclosure by the General Assembly of the State of Ohio. While there is no legal requirement to complete this form, providing accurate information will assist us in filling your request. If you choose not to complete this form we may still need to ask you some questions regarding your request. We will provide you with all non-exempt requested information as soon as possible. Our mission is to have all requests completed within 72 hours of the normal business week (Monday through Friday 9:00 am-5:00 pm). Thank you for your cooperation in this matter.

STATE AND DESCRIBE AS SPECIFICALLY AS POSSIBLE THE INFORMATION YOU REQUEST: _____

NAME OF PERSON WHO MADE THE REPORT: _____

DATE OF REPORT: _____

SIGNATURE OF PERSON REQUESTING INFORMATION: _____

HOW TO NOTIFY UPON FULFILLMENT OF REQUEST: _____

NAME AND NUMBER IF YOU WISH US TO CONTACT YOU WHEN INFORMATION IS COPIED OR TO ADVISE OF TIME WHEN YOU MAY REVIEW RECORDS: _____

FOR OFFICE USE ONLY

CAD #: _____ Date & Time Submitted: _____ Com. Spec. _____

Division Action: _____ Date & Time Notified: _____

Date & Time Request Picked Up: _____ Date Filed & Com. Spec. _____

IF YOUR REPORT IS REDACTED (BLACKED OUT) THIS IS IN COMPLIANCE WITH FEDERAL AND STATE PRIVACY LAWS AND FEDERAL AND STATE HIPAA LAWS.