

Public Records Request Form



SIDNEY POLICE DEPARTMENT

Records Office
234 West Court Street
Sidney, Ohio 45365

Phone Number: (937) 498-2351

Office Hours: Mon-Fri 8:00 AM-5:00 PM
Closed Sat/Sun & Holidays

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. All records are subject to redaction.

Name: _____

Address: _____

Phone number: _____ Email address: _____

Requesting electronic copies Requesting paper copies (*see applicable fees below*)

PROVIDE INFORMATION IF KNOWN

Type of Record: Accident Report Incident Report Non-Criminal Report Other: _____
(identify the record(s) you are requesting)

Accident Report #:	Incident 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 a timeframe during which the record was completed (for example: June of 2020 or year of 2014). If the request is unclear or too broad, we may be unable to fulfill your request.

PUBLIC RECORD FEES

Photo Copies: **\$.05 each page** Photographs: **\$.05 each** CD: **\$.50 each** Thumb Drive: **\$6.00 each**

Do not include payment with this form. You will be notified when the request has been completed and advised of the cost at that time.