



# City of Grove City Division of Police PUBLIC RECORDS REQUEST FORM



3360 PARK STREET  
GROVE CITY, OH 43123  
(614) 277-1714 **RECORDS**  
(614) 277-1717 **FAX**

[policerecords@grovecityohio.gov](mailto:policerecords@grovecityohio.gov)

Grove City, Ohio, Division of Police, upon request, will release information not exempted from disclosure by O.R.C. 149.43.

A written request is not required, nor are you required to provide your information. A written request will help to identify, locate or deliver requested records.

We will provide you with all non-exempt requested information within a reasonable amount of time. Record Release hours of operation are Monday thru Friday 7:30am to 3:30pm. Some requests, in the event of a pending case, may not be available for release.

A fee of \$0.05 per page is charged after the first 24 pages, to cover the cost of duplication. A fee will be charged for each non-exempted photograph requested. A charge equal to the cost of the media provided to you will be required for recordings. You will be told the fee total when you are informed that your request is complete.

Name of Person requesting information	Home Phone	Work Phone
Address	Fax	Cell Phone
Email Address	<b>PLEASE INDICATE HOW YOU WOULD PREFER TO RECEIVE YOUR REQUEST.</b>	

**What type of report are you requesting? Please circle one of the following:**

Traffic Crash Report                     
  Offense or Incident Report                     
  Other

Date of Incident: \_\_\_\_\_ Day/Time: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Full Names of Involved Parties: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

**I accept full responsibility for the information I am receiving and its subsequent use.**

Signature of Requesting Party \_\_\_\_\_ Date/Time \_\_\_\_\_

\*\*\*\*\*TO BE FILLED OUT BY DISPATCHER AT TIME OF REQUEST\*\*\*\*\*

Received by CIC Dispatcher: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Incident Accident or CFS Number: \_\_\_\_\_

Redactions: \_\_\_\_\_ Completed: \_\_\_\_\_