GROVE CITY POLICE DEPARTMENT

3360 PARK STREET
GROVE CITY, OH 43123
(614) 277-1714 RECORDS
(614) 277-1717 FAX
Policerecords@grovecityohio.gov

PUBLIC RECORDS REQUEST FORM

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 7:30 am to 3:30 pm. Some requests, in the event of a pending case, may not be available for release.

A fee of $.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

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 _____