



740.385.3000 Office

740.385.7413 Fax

Memo

Request for Information

(Revised 06-18-02)

Today's Date: _____

- Internal – Public Safety
- External – Media
Other

Name of Requestor: _____

Signature of Requestor: _____

Agency or Address: _____

Date of the Incident: _____ Time: _____

Reason for Request: _____

Information Requested: _____

- Denied**
- Approved** _____ Date: _____

(Director of Operations)

Remarks: _____

Note: Make sure that you attach a copy of the paperwork that you give to the agency or person requesting the information to this signed form.

It is the policy of this agency to comply with regulations governing the disclosure of Confidential Law Enforcement Investigatory Records (CLEIRs) as defined in sections 149.43 (A)(1)(h), and 149.43 (A)(2) of the Ohio Administrative Code.