## **Public Records Requests**

Completion of a Public Records Request Form is NOT required to obtain non-exempt public records. However, in an effort to enhance our ability to identify, locate or deliver non-exempt public records to you, we ask that you fill out a Public Records Request Form.

- **Be specific as possible** on the form as to which records you are seeking.
- Please understand there may be material in our files that cannot be released to you since it is not a public record or is otherwise exempt from disclosure.
- If you are a defendant seeking records from an active case, please understand that in most cases the majority of the records in the prosecutor's file are exempt from disclosure under the public records law. Therefore, if you are seeking records from an active case, you may want to request records by having your attorney file for discovery under Criminal Rule 16.
- It is our policy to process requests as quickly as possible. However, requests may take longer to process if the records need to be ordered from an off-site location and/or require redactions or legal review.
- If fees are due, we will contact you. **Fees must be paid in full (by cash, check, or money order) before records will be released.** Checks and money orders should be made payable to "Columbus City Treasurer."

Should you have any questions, please contact Melanie Tobias at (614) 645-8876 or MRTobias@columbus.gov

## Columbus City Attorney's Office, Prosecutor Division

## **Public Records Request Form**

I understand that completion of this Public Records Request Form is <u>NOT</u> required to obtain non-exempt public records, however in order to enhance the City Attorney's Office's ability to identify, locate or deliver non-exempt public records to me, I voluntarily provide the following information:

| N        | ameDate   |  |
|----------|---|--|
| Pl       | Phone Number  |  |
| Ιı       | request for the records to be made available to me by:  |  |
| <u>C</u> | HOOSE ONE   |  |
|          | E-mail ( <u>fastest method</u> ) My e-mail address is@  |  |
|          | Regular U.S. Mail My mailing address is   |  |
|          | Fax My fax number is  |  |
|          | I will pick-up the records in person (or send a designee in my place). I understand I will receive a phone call from the public records coordinator when the records are ready to be picked-up. |  |
|          | Other   |  |
|          | am making a public records request pursuant to Ohio Revised Code Section 149.43 to inspect and/or ceive a copy of the following (mark all that apply):  |  |
|          | Everything in the file(s) that is a non-exempt public record  |  |
|          | OR  |  |
|          | The following specific item(s):   |  |
|          | FROM  |  |
|          | Case Number(s)  |  |
|          | tate of Ohio / City of Columbus vs  |  |
|          | (Defendant's Name) OR   |  |
|          | Intake Complaint Number(s)  |  |
|          | VS.   |  |
|          | (Name of person who filed complaint) (name of person(s) complaint was filed against)  |  |
|          | OR  |  |
|          | The following miscellaneous item(s):  |  |