

CLERMONT COUNTY SHERIFF'S OFFICE
ROBERT S. LEAHY, SHERIFF

PUBLIC RECORDS REQUEST FORM

OUR OFFICE WILL RESPOND TO YOUR REQUEST WITHIN A REASONABLE TIME FRAME

Under Ohio law, you are not required to put your request in writing or identify yourself. However, we ask that you provide the information below to help us fulfill your public records request.

Date: _____

Submitted Via: Phone Call, Voicemail, Email, or In Person

REQUESTER'S INFORMATION:

NAME:

PHONE NUMBER:

EMAIL:

I WOULD LIKE TO RECEIVE MY REQUEST VIA (circle one): **EMAIL** **HARD COPY** (fees may apply)

INFORMATION THE REQUESTER IS SEEKING:

THE TYPE OF RECORD I AM SEEKING:

REPORT/CASE NUMBER (if available):

DATE OF OFFENSE/INCIDENT(S):

ADDRESS WHERE OFFENSE/INCIDENT(S) OCCURRED:

NAME OF SUBJECT(S) INVOLVED:

BRIEF DESCRIPTION OF WHAT HAPPENED: