



G. GARY TYACK

FRANKLIN COUNTY PROSECUTING ATTORNEY

Public Record Request Form

Please complete the applicable fields.

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Email: _____

Phone Number: _____

Case Number: _____

Date: _____

Defendant's Full Name: _____

Are you incarcerated? _____

Are you requesting these records as a representative or on behalf of an incarcerated person?

1. A requestor shall identify or describe the record sought with enough specificity to enable the custodian to ascertain which record is being requested.
2. Not all records contained in criminal files are subject to release under ORC 149.43. Our office will inform you of any redaction taken according to the revised code.

Records Requested:

1. Incident Report
2. Police Report
3. Other (Note: If you chose "Other," please describe the type of record you wish to obtain below.)

If you chose "Other," please describe the type of record you wish to obtain:

Delivery Method:

- Electronic Copies via Email (Free)
- Paper Copies

First 20 pages are free, pages thereafter are \$.05 per page and any additional costs for CDs of any audio visual items requested. Copies must be paid for in advance by cash, check, or cashier check to "Franklin County Treasurer"