

**ANDOVER POLICE RECORDS REQUEST
O.R.C 149.43**

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Dear Custodian of Records:

Under the Ohio Open Records Law, I am requesting an opportunity to inspect and / or obtain copies of public records held by your agency. (Note: certain records, recordings and notes associated with open cases under investigation/prosecution or video records subject to the Andover Police Video Policy 703.38 may not be viewed or copied until compliance has been made.)

Specifically, _____
Describe in detail the date, time , location, persons involved or any other information to assist in locating the records.

The standard copy fee of \$3.00 will be assessed regardless of the amount of pages for each copy requested. Requester shall provide self addressed stamped envelopes for records requested to be mailed. Requester shall also provided a digital thumb drive of size capable of handling the digital record size to be copied. Waiver of fees will be granted upon request of a bonafide media representative, using such records for news gathering purposes.

Denial of any request or a significant delay in responding to fulfilling the request, you will be contacted of the delay or denial. Please provide a phone number and email address to assist in communications.

Phone: _____

Signature

Email: _____