



**City of Moraine Police Department
Public Records Request**

Name (optional, not required by Ohio Law)	Today's Date
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While not mandatory, if you fill out this form it will help us to provide the public records you are requesting in a more timely fashion. With as much specificity as possible, please describe what records you want to review. Please print.

Date of Incident	Incident Report Number
Name of Subject(s) Involved	Address of Incident
Records Requested	Any additional information that can assist in identifying the public records you want to review. PLEASE PRINT.

- > There is no charge for the first 25 pages. There is a charge of 15 cents per page after the 25th page.
- > CD discs of photos are \$2.00 ea.
- > Body/Dash Cams are \$7.00 ea. (Videos are recorded on thumb drives only.) Please allow up to 7 or more days for processing.
- > CREDIT OR DEBIT CARD ONLY - NO CASH ACCEPTED.

Email _____ Pickup in Person _____ US Postal _____

Email Address	Telephone Number
Mailing Address	

Name of PD Employee Handling Request	Date Request was Completed
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Cost	Sticker
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You may drop off at Moraine Police Department, Records Department, or
Fax form to: 937-535-1163, or
Email form to: sphilpot@moraineoh.org
Questions/Information: Moraine Records @ 937-535-1163