## REQUEST TO REDACT ADDRESS

Pursuant to O.R.C. 149.45(D)(1), a "designated public service worker" may file this form with a public office, other than a county auditor's office, to request that the address of the person making the request be redacted from any record made available by that office to the public on the internet. For purposes of this law, "designated public service worker" is defined at O.R.C. 149.43(A)(7). Upon receiving a request for redaction, a public office shall act within five (5) business days to either redact the requested information or provide a verbal or written explanation to the individual as to why a requested redaction is not practicable. O.R.C. 149.45(D)(2).

	n below and send directly to the public requests on behalf of the requesting ind a request for reduction.		
Ι,	, request that the office o	f	
(print full name) redact my address from any rec familial information.	ord made available to the general p	(print name of oublic on the internet that i	of public office) ncludes my residential and
I am currently employed as $\square$ , professional (Check the box that	or the spouse of $\square$ , or a former applies):	spouse of $\square$ , or a child of	$f \Box$ the following covered
<ul> <li>☐ Asst. Prosecuting Attorney</li> <li>☐ Bailiff</li> <li>☐ BCI Investigator</li> <li>☐ Correctional Employee</li> <li>☐ Board of Pharmacy Employee</li> <li>☐ Prosecuting Attorney</li> <li>☐ EMS Medical Director</li> <li>☐ EMT</li> </ul>	<ul> <li>☐ Federal Law Enforcement Officer</li> <li>☐ Firefighter</li> <li>☐ Forensic Mental Health Provider</li> <li>☐ Judge</li> <li>☐ Magistrate</li> <li>☐ Youth Services Employee</li> <li>☐ Mental Health Evaluation Provider</li> <li>☐ Parole Officer</li> </ul>	<ul> <li>□ Peace Officer</li> <li>□ Probation Officer</li> <li>□ Protective Services Worke</li> <li>□ Regional Psychiatric Hosp</li> <li>□ County or Multicounty Co</li> <li>□ Designated Ohio National</li> <li>□ Emergency Service Teleco</li> <li>□ Community-Based Correct</li> <li>□ Member of EMS Cooperat Board</li> </ul>	ital Employee rrections Officer Guard Member ommunicator tional Facility Employee
For each known instance, please listed above to the public on the	identify the location of your addres internet:	s within any record made av	vailable by the public office
Document Title & Description:			
Location of Address within Doc	ument:		
(Use the secon	nd page of this form to identify addition	al locations of address to be r	edacted)
Signature of Requester		igned	
Printed Name of Requester		Telephone Number	
Full Address (Street, City, Sta	ite, ZIP)		
Email Address			
Date Request Received	/ /		(For Public Office Use)

Document Title & Description:
Specific Web Address (URL):
Location of Address within Document:
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