



NOTICE OF PEACE OFFICER TERMINATION

Complete all blanks. Type or Print Legibly. Enter N/A if not applicable.
 Please Email (SF400@ohioattorneygeneral.gov), Fax, or Mail this document within ten days of the termination.

OFFICER INFORMATION	1. Name (Last) (First) (Middle)		2. Social Security Number	
	3. Alias (Last) (First) (Middle)			
4. Birth date (mm/dd/yyyy)		5. Email Address		
6. Home Mailing Address (#/Street/PO Box)		(City)	(State)	(Zip Code) (County Name)

AGENCY INFORMATION	7. Agency Name			
	8. Agency Email Address		9. Agency Phone Number	
10. Agency Mailing Address (#/Street/PO Box)		(City)	(State)	(Zip Code) (County Name)

TERMINATION INFORMATION	11. Appointment Date (mm/dd/yyyy)		12. Termination Date (mm/dd/yyyy)	
	13. Reason for Termination (check appropriate box)			
<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Retired <input type="checkbox"/> Deceased <input type="checkbox"/> Other				
<input type="checkbox"/> Felony Conviction (please explain below) <input type="checkbox"/> Misdemeanor plea with Agreement to Surrender Certificate (please explain below)				

ATTESTATION OF LAW ENFORCEMENT AGENCY ADMINISTRATOR		
I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry.		
14. Signature of Law Enforcement Agency Administrator	15. Name and Title	16. Date