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## REQUEST TO REDACT ADDRESS

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*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).*

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**Instructions:** Complete entire form below and send directly to the public office that maintains the records to be redacted. The Ohio Attorney General will not forward requests on behalf of the requesting individual. The Ohio Attorney General is also not required or permitted to review and/or approve a request for redaction.

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I, \_\_\_\_\_, request that the office of \_\_\_\_\_  
*(print full name)* *(print name of public office)*

redact my address from any record made available to the general public on the internet that includes my residential and familial information.

I am currently employed as a (Check the box that applies):

- |                            |                |  |
|----------------------------|----------------|--|
| Asst. Prosecuting Attorney | EMT            | Probation Officer                                  |
| Bailiff                    | Firefighter    | Board of Pharmacy Employee                         |
| BCI Investigator           | Judge          | County or Multicounty Corrections Officer          |
| Correctional Employee      | Magistrate     | Community-Based Correctional Facility Employee     |
| EMS Medical Director       | Parole Officer | Member of EMS Cooperating Physician Advisory Board |
| Prosecuting Attorney       | Peace Officer  | Federal Law Enforcement Officer                    |
| Youth Services Employee    |                |  |

For each known instance, please identify the location of your address within any record made available by the public office listed above to the public on the internet:

Document Title & Description: \_\_\_\_\_

Specific Web Address (URL): \_\_\_\_\_

Location of Address within Document: \_\_\_\_\_

*(Use the second page of this form to identify additional locations of address to be redacted)*

\_\_\_\_\_  
Signature of Requester

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name of Requester

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Full Address (Street, City, State, 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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Location of Address within Document: \_\_\_\_\_

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