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## REQUEST TO REDACT ADDRESS

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Pursuant to O.R.C. 149.45(D), a “designated public service worker” or “qualifying former designated public service worker” may file this form with a public office, other than a county auditor’s office, to request redaction of the person’s “address from any record made available to the general public on the internet that includes designated public service worker residential and familial information of the requestor.” “Residential and familial information” is defined at O.R.C. 149.43(A)(8)(a).

“Designated public service worker” is defined at O.R.C. 149.43(A)(7). Upon receiving a request for redaction from a “designated public service worker,” 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).

“Qualifying former designated public service worker” is defined at O.R.C. 149.45(A)(3) and “means a former designated public service worker with a minimum of five years of qualifying service who was an employee in good standing at the completion of such service.” Along with this form, a “qualifying former designated public service worker” must provide “a confirmation letter from each employer at which the worker accumulated service confirming the years of service and that the worker departed service in good standing.” Upon receiving a request for redaction from a “qualifying former designated public service worker” and the required confirmation letter(s), 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).

This form and applicable confirmation letter(s) are not public records pursuant to O.R.C. 149.43(A)(1)(vv).

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**Instructions:** Complete Section A or B below and send directly, along with applicable confirmation letter(s), to the public office that maintains the records to be redacted. The Ohio Attorney General will not forward requests or confirmation letters 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.

### A. Current Designated Public Service Workers

I am currently employed as , or the spouse of , or a former spouse of , or a child of  the following covered professional (Check the box that applies):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Asst. Prosecuting Attorney      | <input type="checkbox"/> Forensic Mental Health Provider                    | <input type="checkbox"/> Regional Psychiatric Hospital Employee         |
| <input type="checkbox"/> Bailiff                         | <input type="checkbox"/> Magistrate   | <input type="checkbox"/> County or Multicounty Corrections Officer      |
| <input type="checkbox"/> BCI Investigator                | <input type="checkbox"/> Youth Services Employee                            | <input type="checkbox"/> Designated Ohio National Guard Member          |
| <input type="checkbox"/> Correctional Employee           | <input type="checkbox"/> Mental Health Evaluation Provider                  | <input type="checkbox"/> Emergency Service Telecommunicator             |
| <input type="checkbox"/> Board of Pharmacy Employee      | <input type="checkbox"/> Parole Officer                                     | <input type="checkbox"/> Community-Based Correctional Facility Employee |
| <input type="checkbox"/> EMS Medical Director            | <input type="checkbox"/> Peace Officer                                      | <input type="checkbox"/> Firefighter                                    |
| <input type="checkbox"/> EMT                             | <input type="checkbox"/> Probation Officer                                  | <input type="checkbox"/> Protective Services Worker                     |
| <input type="checkbox"/> Federal Law Enforcement Officer | <input type="checkbox"/> Member of EMS Cooperating Physician Advisory Board |   |

### B. Qualifying Former Designated Public Service Workers

I was employed as , or the spouse of , or a former spouse of , or a child of  the following former covered professional with a minimum of five years of qualifying service (Check the box that applies):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Former Board of Pharmacy Employee      | <input type="checkbox"/> Former Federal Law Enforcement Officer | <input type="checkbox"/> Former Member of EMS Cooperating Physician Advisory Board |
| <input type="checkbox"/> Former Bailiff                         | <input type="checkbox"/> Former Firefighter                     | <input type="checkbox"/> Former Mental Health Evaluation Provider                  |
| <input type="checkbox"/> Former BCI Investigator                | <input type="checkbox"/> Former EMT                             | <input type="checkbox"/> Former Protective Services Worker                         |
| <input type="checkbox"/> Former Correctional Employee           | <input type="checkbox"/> Former Magistrate                      | <input type="checkbox"/> Former Regional Psychiatric Hospital Employee             |
| <input type="checkbox"/> Former Peace Officer                   | <input type="checkbox"/> Former Parole Officer                  | <input type="checkbox"/> Former County or Multicounty Corrections Officer          |
| <input type="checkbox"/> Former EMS Medical Director            | <input type="checkbox"/> Former Youth Services Employee         | <input type="checkbox"/> Former Designated Ohio National Guard Member              |
| <input type="checkbox"/> Former Probation Officer               | <input type="checkbox"/> Former Asst. Prosecuting Attorney      | <input type="checkbox"/> Former Emergency Service Telecommunicator                 |
| <input type="checkbox"/> Former Forensic Mental Health Provider |   | <input type="checkbox"/> Former Community-Based Correctional Facility 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 third 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)**

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