



NOTICE OF PEACE OFFICER SEPARATION FROM SERVICE

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 separation.

OFFICER INFORMATION	1. Name (Last) (First) (Middle)		2. SSN (last 5 only)	
	3. Previous Name(s) or Alias (Last) (First) (Middle)			
4. Birth date (mm/dd/yyyy)		5. Officer's Personal Email Address		
6. Home Mailing Address (#/Street/PO Box) (City) (State) (Zip Code) (County Name)				

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

SEPARATION INFORMATION	11. Appointment Date (mm/dd/yyyy)		12. Separation Date (mm/dd/yyyy)	
	13. Reason for Separation (check appropriate box)			
<input type="checkbox"/> Resignation <input type="checkbox"/> Death <input type="checkbox"/> Felony Conviction (please explain below)				
<input type="checkbox"/> Misdemeanor guilty plea with a surrender of peace officer certificate (please explain below) <input type="checkbox"/> Separation from service, retirement, or termination for any other reason				
<hr/> <hr/> <hr/>				

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