



CITY OF MOUNT VERNON

Mount Vernon Police Department



Office of the Chief of Police
5 North Gay Street
Mount Vernon, Ohio 43050-3241

Please Note: Completion of this form is for the City of Mount Vernon's tracking and documentation purposes only and is not mandatory. Requestor's refusal to complete form does not impair requestor's right to inspect or right to obtain public records required to be disclosed under the Ohio Public Records Statute.

Name of Requestor	Phone Number
Street Address	City, State, Zip
With as much information as possible, please describe what records you want to review, exp: date, time, location, reason for report.	
<p style="text-align: center;">Requests for paper copies: <u>24 (twenty four) or fewer</u> pages will be <u>free of charge</u>. <u>25 pages or more</u> will be charged <u>\$0.05 (five cents) per page</u>. <u>Cost of mailing items</u> will be actual cost and <u>must be paid when submitting the request</u>. There will be no charge to inspect records at the Mount Vernon Police Department.</p> <p style="text-align: center;">Any <u>request requiring payment</u> <u>must be paid in advance</u> of the release of record(s) or it will not be met. Please check your preference below:</p> <p><input type="checkbox"/> I would like to inspect these records in person at the Mount Vernon Police Department</p> <p><input type="checkbox"/> I would like to receive copies of these records, and I will pick them up at the MVPD when they are ready.</p> <p><input type="checkbox"/> I would like these records copied and mailed to me at the address on this form. (Cost must be paid when submitting the request)</p> <p><input type="checkbox"/> I would like these records scanned and e-mailed to me at _____.</p> <p><input type="checkbox"/> I would like these records faxed to my local or toll free number at _____.</p>	

Number of Copies requested _____ x\$.05 per page	Total Fee: \$
Copies of other materials (DVD Video; Photographs)	Total Fee: \$
Receipt Number: _____	Total Paid \$

Records Not Available: <input type="checkbox"/> Record has never been maintained by the Mount Vernon Police Department / Does not exist. <input type="checkbox"/> Record is no longer maintained or has been disposed of or transferred pursuant to RC-2. <input type="checkbox"/> Record is prohibited from release due to an applicable state or federal law. State or Federal Statute: _____		
Record provided is in the following format(s): <input type="checkbox"/> Paper <input type="checkbox"/> DVD/ CD <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Other _____		
Record is prohibited or exempted by law: <input type="checkbox"/> Record has been submitted to legal counsel for research / review. <input type="checkbox"/> Record has been reviewed and release has been denied by legal counsel. <input type="checkbox"/> Record has been reviewed by legal counsel and records are to be released.		
Record has been reviewed and contained non-releasable material <input type="checkbox"/> Upon review, non-releasable material has been redacted.		
EMPLOYEE / DISPATCHER NAME (Please Print)	REQUEST RECEIVED ON	REQUEST COMPLETED ON