

CITY OF DAYTON POLICE DEPARTMENT INFORMATION DISCLOSURE REQUEST

A. TO BE COMPLETED BY THE REQUESTOR

The following information is required to determine if the requested information is public. If determined to be not public, additional information may be requested.

| | |
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| DESCRIPTION OF THE INFORMATION YOU ARE REQUESTING: | DATE REQUESTED: |
|--|-----------------|

You are being asked to supply the following information that may be private or confidential information about yourself. Such information will be used by this department and other departments whose job reasonably requires access to the data to determine if you have the right to access the requested data and contact information when the requested data is available. Refusal to supply said information may result in a delay of the availability of the requested data. If you refuse to supply said information, then it is your responsibility to contact the necessary department to determine the status of the request.

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|---------------------------------------|---------------|
| REQUESTER NAME: (Last, First, Middle) | |
| STREET ADDRESS: | PHONE NUMBER: |
| CITY, STATE, ZIP CODE: | SIGNATURE: |

B. TO BE COMPLETED BY POLICE DEPARTMENT STAFF

| | | | |
|--|------------------------------------|-------------------|----------------------------|
| Open/Active Exceptionally Cleared | Open/Inactive Cleared by Arrest | Adult Juvenile | CASE # _____ CASE# _____ |
| REQUEST TAKEN BY: (Initials) _____ | | | CASE # _____ CASE# _____ |
| REVIEWED BY INVESTIGATOR: _____ | | | CASE # _____ CASE# _____ |
| INFORMATION CLASSIFIED AS: | | | ACTION: |
| PUBLIC | NON-PUBLIC | | APPROVED |
| PRIVATE | PROTECTED NON-PUBLIC | | APPROVED IN PART (EXPLAIN) |
| CONFIDENTIAL | | | DENIED (EXPLAIN BELOW) |
| REMARKS OR BASIS FOR DENIAL INCLUDING STATUTE SECTION: | | | |
| PHOTOCOPYING CHARGES: (If no charge, leave blank) | | | |
| _____ (# of Pages) x _____ (copy charge per page) = _____ (total cost) by _____ (Initials) | | | |
| Authorized Release Signature/Title: | | | Date: |
| Requestor Signature: | | | Date: |
| Identity verified for PRIVATE information: | | | |
| Driver's License, State ID Other (Attach copy of identification used) | | | |