



Clark County Sheriff's Office



Request for Copy of a Report

Submission Options:

Mail to: Clark County Sheriff's Office 120
N. Fountain Avenue Springfield, OH 45502

Email:
Investigationscadet@clarkcountyohio.gov

Drop off or complete in person

Date Submitted: _____

Fee schedule
\$.10 cents per page
\$.10 cents per photo when emailed
\$5.00 per DVD/CD for downloaded files
\$5.00 per emailed recording of 911 calls
\$10.00 per USB thumb drive

Type of Report Being Requested:

Crime Report (Nature of Incident): _____ Report #: _____
(Examples: Theft, Vandalism, Assault, B&E, other)

Motor Vehicle Crash Report #: _____

Report 911 Call (Audio) Photos

Person(s) Involved: _____

Location of Incident: _____

Date of Incident: _____ Time: _____ AM/PM

My interest in this matter is:

1. I am one of the parties involved.

2. I represent the _____ Insurance Company.

3. I am an attorney retained by _____.

4. I am a citizen authorized to represent _____.

Print Name: _____ Email address: _____

Signature: _____ FAX number: _____

Phone Number: _____

Address: _____

If Mailing, A self-addressed, stamped envelope must accompany all requests.

The Clark County Sheriff's Office complies with the legal requirements as related to public information dictated by Ohio Law.

Office Use Only:	Denial Reason
<input type="checkbox"/> Completed on: _____	<input type="checkbox"/> Open Case/Under Investigation
<input type="checkbox"/> Notified on: _____	<input type="checkbox"/> Juvenile
<input type="checkbox"/> Denied on: _____	<input type="checkbox"/> Sensitive Matter for Safety/ Victim Privacy Reasons
Completed by: _____	<input type="checkbox"/> Needs to be requested by discovery in the court system
	<input type="checkbox"/> Other: _____



Clark County Sheriff's Office



Request for Video Recording

Submission Options: Fee schedule
 Mail to: Clark County Sheriff's Office 120 N. Fountain Avenue Springfield, OH 45502 \$75.00 Minimum for the first hour
 Email: Investigationscadet@clarkcountyohio.gov \$75.00 Per hour after the first
 Drop off or complete in person \$750.00 Maximum
 Date Submitted: _____

Recording Information

Date of Request: _____ Jail
 Case #: _____ Body Cam
 Date of Incident: _____ In Car
 Offense / Incident Type: _____ Other
 Person(s) Involved: _____
 Location of Incident: _____
 Time of Incident: _____ AM/PM

Print Name of person completing request : _____ Phone Number: _____
 Email Address: _____
 Address: _____

Estimate of Cost

The estimated time to fulfill this request is _____ hour(s). Estimated cost will be \$_____.
 I, _____ have received the estimated cost and wish to proceed with the request being filled. I agree to pay the estimated cost listed above.
 Signature X _____ Date _____

The Clark County Sheriff's Office complies with the legal requirements as related to public information dictated by Ohio Law.

<p>Office Use Only:</p> <p><input type="checkbox"/> Completed on: _____</p> <p><input type="checkbox"/> Notified on: _____</p> <p><input type="checkbox"/> Denied on: _____</p> <p>Completed by: _____</p>	<p>Denial Reason</p> <p><input type="checkbox"/> Open Case/Under Investigation</p> <p><input type="checkbox"/> Juvenile</p> <p><input type="checkbox"/> Sensitive Matter for Safety/ Victim Privacy Reasons</p> <p><input type="checkbox"/> Needs to be requested by discovery in the court system</p> <p><input type="checkbox"/> Other: _____</p>
---	--