

**ATTICA POLICE DEPARTMENT
20 SOUTH MAIN STREET
Post Office Box # 424
ATTICA, OHIO 44807**

PUBLIC RECORDS REQUEST

DATE: _____ TIME: _____ REPORT # _____

NAME: _____ PHONE #: _____

ADDRESS _____

RECORD(S) REQUESTED: _____

MEDIUM REQUESTED: (PAPER, COLOR COPIES, BLACK/WHITE COPIES, CD, DVD)

MAKE CHECKS PAYABLE TO: ATTICA POLICE DEPARTMENT

FOR POLICE DEPARTMENT OR OFFICE USE ONLY:

RECORDS REQUEST APPROVED or DENIED BY: _____

REASON REQUEST DENIED: _____

REQUESTOR NOTIFIED: YES or NO BY: _____

DATE RECORDS REQUEST WAS DENIED OR FULFILLED: _____

_____ PAGES AT \$0.25 CENTS PER COPY (BLACK/WHITE COPIES)

_____ PAGES AT \$0.50 CENTS PER COPY (COLOR COPIES)

_____ COMPACT DISC(S) AT \$1.00 PER CD

_____ DIGITAL VERSATILE DISC(S) AT \$2.00 PER DVD

POSTAGE \$ _____

DATE & TIME TO BE PICKED UP: _____ BY: _____

TOTAL CHARGES: \$ _____