REQUEST TO REDACT PERSONAL INFORMATION

Pursuant to Ohio Revised Code 149.45(C)(1), an individual may request that a public office or a person responsible for a public office's public records redact specific types of personal information of that individual from any record made available to the general public on the internet. An individual who makes a request for redaction shall specify the personal information to be redacted and provide any information that identifies the location of that personal information. Upon receiving a request for redaction, a public office shall act within five (5) business days to either redact the requested information or provide a verbal or written explanation as to why a requested redaction is not practicable.

Instructions: Complete entire form below and send directly to the public office that maintains the records to be redacted. Each individual requesting redaction is required to send the completed form to the appropriate public office. The Ohio Attorney General will not forward requests on behalf of the requesting individual. The Ohio Attorney General is not required or permitted to review and/or approve a request for redaction.

I, _____ ,request that the office of _____
        (print full name)   *(print name of public office)*

redact the following items of personal information from being made available to the public on the internet:

(Please check all that apply)

☐ Social Security Number	☐ Savings Account Number	☐ Mutual Fund Account Number
☐ Driver's License Number	☐ Debit Card Number	☐ Any Other Financial or Medical Account Number
☐ State Identification Number	☐ Credit Card Number	
☐ Tax Identification Number	☐ Demand Deposit Account Number	
☐ Checking Account Number	☐ Money Market Account Number	

For each item of personal information checked above, please identify the location of that information within any record made available by the office listed above to the public on the internet:

Document Title & Description: _____

Specific Web Address (URL): _____

Location of Information within Document: _____

(Use the second page of this form to identify additional locations of personal information items)

_____   _____
Signature of Requester   Date Signed

_____   _____
Printed Name of Requester   Telephone Number

_____
Full Address (Street, City, State, ZIP)

_____
Email Address

Date Request Received   /   /   **(To be completed by the public office)**

Document Title & Description: _____

_____

Specific Web Address (URL): _____

_____

Location of Information within Document: _____

_____

Document Title & Description: _____

_____

Specific Web Address (URL): _____

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Location of Information within Document: _____

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Document Title & Description: _____

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Location of Information within Document: _____

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