



# City of Mount Healthy Public Records Request



While not mandatory, completing this form will facilitate the completion of your public records request in a timelier fashion.

Name	Date:		
Address	City	State	Zip
Phone No.	Email		

Please mark the box(es) to indicate the type of record(s) sought.

- Police Incident Report     
 Police BWC Video     
 Crash (Accident) Report  
 Other – please specify below

With as much detail and specific information as possible, describe the record(s) sought.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate how you would like to receive the record(s):

- I would like to inspect the record(s) in the building, when they are ready.  
 I would like the record(s) printed / prepared and I will pick them up when they are ready.  
 I would like the record(s) prepared and mailed to me at the address on this form.

I understand that the applicable fees for mail requests and/or additional materials required to fulfill my request, such as DVD/USB, must be paid before this request will be completed. See Page 2 for cost and payment information.



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Records can be inspected at the Police Department, upon completion of the request, at no charge during regular business hours (M - F, 8am - 4pm). Requests for mailed responses and / or that require the use of one or more disks or a USB require prepayment of associated fees before a request will be fulfilled.

To avoid mailing fees, you may provide a self-addressed envelope with adequate postage to cover the cost of your request and of adequate size for disks if needed. **USBs are not available**, however you may provide a new / unused USB, in its unopened packaging, at your own expense. For security reasons, USBs out of their original factory-sealed package will not be accepted.

### Request Fees:

Standard Mail - Current postage + \$1 materials	Certified Mail – Current postage + \$1 materials
Printed Reports \$.10 per page	CD-R/DVD-R - \$1 each

The City of Mount Healthy accepts cash and money orders. Personal checks are not accepted. Please make money orders payable to: The City of Mount Healthy

Fees can be paid in person at or mailed to 7700 Perry St Cincinnati, OH 45231

If you are requesting multiple printed reports that may exceed 10 pages, and are not making prepayment in person, a clerk will notify you of the total cost via the contact information you provide and advise of payment options before the request is processed.

In person request forms will be marked by the name of the receiving city employee and date of receipt. If you are making your request via email, a clerk will reply via email saying your request has been received and verify payment has been made before your request will be processed.

If a request is not fulfilled, you will receive a copy of Form RC 101 that explains the reason why the request was not or could not be fulfilled. In person or mailed requests will be notified via the phone number provided that the request is unfulfilled and offer the Form RC 101 be sent via standard mail, email, or fax at no charge. Email requests will receive the Form RC 101 via email.

Name of Employee Receiving Request	Date Received
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