REQUEST TO REDACT PERSONAL INFORMATION

Under paragraph 149.45(C)(1) of the Ohio Revised Code, an individual may request that a public office or a person responsible for a public office's public records redact specified 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...provide any information that identifies the location of that personal information within a document that contains that personal information." O.R.C. 149.45(C)(1) If redaction is not practicable, the public officer or person responsible for the public office's public records shall verbally or in writing within five business days after receiving the written request explain to the individual why the redaction is impracticable. O.R.C. 149.45(C)(3)

Why the redaction is impracticable. O.R.C. 149.45 (C.I., request that the) (3)
Office of	redact the following
items of personal information from being ma	
(Please check	-
Social security number	Savings account number
Checking account number	Driver's license number
Tax identification number	Credit card number
State identification number as issued by	the Ohio Bureau of Motor Vehicles
For each item of personal information check that information within any record made available:	· = ***
Document Title and Description:	
Specific Web Address (URL):	
Location of information within document:	
(Use the back of this form to identify additional)	onal locations of personal information items)
Signature of Requester:	
The public office may need to contact you:	
•	to locate your specific personal information
to be redacted or to identify the appropriate p personal information.	public office responsible for redacting your
2) To provide you with an explanation receiving your written request, if a requested contact information below, or indicate that yo explanation. This form is a public record, an released in response to a public records reque	redaction is impracticable. Please provide ou will contact this office to receive any d the information you provide may be
Address:	
Telephone Number: ()	E-mail address:

I do not wish to provide contact information. I will contact the office for any explanation.
Date Request Received/(To be completed by the public office)
Document Title and Description:
Specific Web Address (URL):
Location of information within document:
Document Title and Description:
Specific Web Address (URL):
Location of information within document:
Document Title and Description:
Specific Web Address (URL):
Location of information within document:
Document Title and Description:
Specific Web Address (URL):
Location of information within document:
Document Title and Description:
Specific Web Address (URL):
Location of information within document:
Document Title and Description:
Specific Web Address (URL):
Location of information within document: