



A Component of the Ohio State Highway Patrol

OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO INVESTIGATIVE UNIT

REQUEST FOR CITATION BY LAW ENFORCEMENT AGENCY

DEPARTMENT		CASE #		
NAME OF PERMIT HOLDER		ADDRESS OF PERMIT HOLDER		
CITY	STATE	ZIP	PHONE #	
DBA		PERMIT #		
TYPE OF PERMIT	DATE OF VIOLATION		TIME	
SPECIFIC CHARGES				

NAME & ADDRESS OF PERSONS COMMITTING VIOLATION

NAME	NAME
ADDRESS	ADDRESS
PHONE #	PHONE #

PERSON IN CHARGE AT TIME OF VIOLATION

NAME	POSITION	PHONE #	
ADDRESS	CITY	STATE	ZIP

STATEMENT TAKEN?

YES NO

REFUSED?

YES NO

NAME & ADDRESS OF OTHERS INVOLVED (MINORS, WITNESS, ETC) NOTE: IF JUVENILE, NAME & ADDRESS OF PARENTS MUST BE LISTED.

NAME	DOB	AGE
ADDRESS		PHONE #
NAME	DOB	AGE
ADDRESS		PHONE #

EVIDENCE

WHAT WAS CONFISCATED?
EVIDENCE CONFISCATED BY?
EVIDENCE RETAINED BY?

OFFICERS TO BE SUBPOENAED

NAME	NAME	NAME
NAME	NAME	NAME