



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