



OFF-LINE SEARCH REQUEST

AGENCY NAME	ORI
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ADDRESS	CITY	STATE	ZIP
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TITLE / NAME OF REQUESTOR

PHONE #	EXTENSION	CELL PHONE #	FAX #
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E-MAIL ADDRESS

IS THIS A POSSIBLE LEADS VIOLATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	TIME PERIOD OF SCAN REQUEST START DATE END DATE
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DETAILED REASON FOR SCAN

SUBJECT'S NAME	OLN	SSN	DOB
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VEHICLE INFORMATION

LICENSE PLATE	STATE REGISTERED	VIN
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WARRANT INFORMATION

NIC #	LID #	OCA #
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ADDITIONAL INFO

IF THIS IS A RUSH REQUEST, DATE NEEDED	SIGNATURE OF REQUESTOR X
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This form MUST be submitted along with your agency's letterhead coversheet. Fax your request to (614) 995-1230. If you have any questions, please call us at (614) 466-2754.