



STATE OF OHIO  
OFFICE OF THE ATTORNEY GENERAL

JIM PETRO, ATTORNEY GENERAL

OHLEG

Request for Access to Investigative Tools

Requestor Name

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_ City: \_\_\_\_\_

Email: \_\_\_\_\_ State: Ohio Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Non- Sworn: \_\_\_\_\_ Sworn: \_\_\_\_\_  
Check one.

SSN: - -

\* Notification of activation will be sent via email or postal mail if email unavailable.

Requesting Agency: \_\_\_\_\_

ORI Number: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_

**Terms and Conditions**

The undersigned is hereby requesting user access to the identified tools within the Ohio Law Enforcement Gateway (OHLEG). The undersigned agrees that all information from this site is for law enforcement purposes **ONLY**. Any dissemination to the public is strictly prohibited. Requests that are made without Social Security Number (SSN) or an authorizing signature will not be processed.

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief / Sheriff or Designee Printed Name

\_\_\_\_\_  
Chief / Sheriff or Designee Signature

\_\_\_\_\_  
Date

For Office Use Only	
Director Approval:	_____
Date:	_____
Entered By:	_____
Date:	_____



**Ohio Law Enforcement Gateway**

P.O. Box 365  
London, OH 43140  
Telephone: (866) 406-4534, or (866) 40-OHLEG  
Facsimile: (740) 845-2633  
[www.ag.state.oh.us](http://www.ag.state.oh.us)