



Records Request Form

I understand that completion of this Public Records Request Form is **NOT** required to obtain non-exempt public records. Any cost for copies will be paid in advance, before records will be released. In order to give us the ability to identify, locate or deliver non-exempt public records, I voluntarily provide the following information:

Name _____ Date _____

I am making a public records request pursuant to Ohio Revised Code Section 149.43.

I understand I will be notified when the records are ready.

Please check the desired method of delivery (Please check one):

Email address is: _____ @ _____

Regular Mail, my address is:

Street Address _____

City/State/Zip _____

Pick-up records in person

Please call me at: _____

Other _____

The following records are being requested:

Retention Number(s) Record Description:

Retention Number(s)	Record Description:

Other Records Requested:

Description: _____
