# **PUBLIC RECORDS REQUEST FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Request: | Attachments? \_\_\_ YES \_\_\_ NO |  |  |
| Requestor: |  |  |  |
| Last Name | First Name |  |  |

**(Requestors are not required by law to complete this form)**

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

Number Street City State Zip

Would like to receive via: \_\_\_\_ in person \_\_\_\_ phone \_\_\_\_fax \_\_\_\_email \_\_\_\_other (\_\_\_\_\_\_\_\_\_)

Documents Requested:

Please check request type: \_\_\_\_\_ inspection \_\_\_\_\_ copies \_\_\_\_\_both

**FOR INTERNAL USE**:

Received by:

Name Department

Administrator Review: \_\_\_ Yes \_\_\_ No DATE: \_\_\_\_\_\_\_\_\_\_

Legal Review: \_\_\_ Yes \_\_\_ No DATE: \_\_\_\_\_\_\_\_\_\_\_

Records or Data Redacted? \_\_\_ Yes \_\_\_ No



If yes, provide general reason and/or applicable ORC code section:

Please check the appropriate box:

1. \_\_\_ Documents inspected by and/or copies were provided to requestor on \_\_\_\_\_\_\_\_\_ (date)
2. \_\_\_ Copies mailed to requestor on \_\_\_\_\_\_\_\_ (date)
3. \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ (date)