

PUBLIC RECORDS REQUEST FORM

A. REQUEST FOR RECORDS BY:

(OPTIONAL: PURSUANT TO § 149.01, ET. SEQ., OF THE OHIO REVISED CODE, YOU ARE NOT REQUIRED TO COMPLETE A FORM IN ORDER TO RECEIVE THE REQUESTED DOCUMENTS)

NAME	LAST	FIRST	MIDDLE	TITLE (IF APPLICABLE)
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ORGANIZATION OR BUSINESS NAME (IF APPLICABLE)

MAILING ADDRESS	CITY	STATE	ZIP CODE
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TELEPHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)	E-MAIL ADDRESS
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B. DESCRIBE SPECIFIC RECORDS BEING REQUESTED:

C. NOTIFICATION OF CHARGES FOR RECORDS: THERE IS A CHARGE OF \$.05/PAGE.

Notify me of any cost for records that exceeds \$ _____ before providing the requested records.

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