PUBLIC RECORDS REQUEST FORM

Date _____

Department:

[ ] Fire and Rescue Department
[ ] Human Resources Department
[ ] Police Department
[ ] Other Department _____

Pursuant to the Ohio Public Records Act (Ohio Revised Code § 149.43), I am requesting to inspect or receive copies of the following records (use separate sheet of paper if needed)

Records Requested: _____
_____
_____
_____
_____
_____
_____
_____
_____

For records from the Fire and Rescue Department or Police Department, please include:

Incident Report Number: _____
Date of Incident: _____
Incident Address: _____

Delivery Preference:

[ ] E-Mail. Please send to: _____
[ ] Paper Copies: I will pick up hard copies. Please call _____ when ready.
[ ] Paper Copies: Please mail hard copies to the following address:
_____
[ ] Other _____

Contact Information:

Name: _____
Phone Number: _____
E-Mail Address: _____

Date Filled: _____ Filled By: _____