



COMMUNICATIONS • 115 Executive Parkway, Suite 400 • Hudson, Ohio 44236 • (330) 342-9539

Public Records Request Form

This form is optional and you need not fill it out unless you are requesting copies of public records be sent to you. The City's method of delivery shall be at the City's discretion.

| | |
|--|--|
| Name: | |
| Address: | |
| Phone: | |
| Fax No.: <i>(Required for faxed copies.)</i> | |
| Email Address: <i>(Required for emailed copies.)</i> | |

Please list the records you are requesting, being as specific as possible. Also, indicate in what format you would like the documents. While we will try to accommodate your requested method of delivery, the format is at the City's discretion.

| Record Requested | Method of Delivery | | | |
|------------------|--------------------|-------|-----|--------------|
| | Hard Copy | Email | Fax | Review First |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

NOTE: City staff will endeavor to contact you within one (1) business day as to the availability of the records requested, to clarify your request, to arrange a time and place to review the records, and/or to advise you when copies you have request may be available and the approximate cost of those records.

Cost of copies for standard size paper (11"x 17" or less) is 5 cents per page. The first 10 pages are free. If the record is oversized and must be sent out for a copy, you will be charged the actual out-of-pocket cost for those copies. Also, if the information is transferred to disk, you will be charged the actual cost of the disk.

Signature _____ **Date of Request** _____

Following to be completed by City:

| | | | |
|--------------|---------------|------|------------|
| Date Filled: | No. of Pages: | Fee: | Filled by: |
| | | | |

(Effective 1-10-2016)