**PUBLIC RECORDS REQUESTS**

**REQUEST FORM**

IMPORTANT:

Completion of this is not mandatory. Your refusal to complete or provide any and/or all information on this form will not affect your right and/or ability to inspect and/or receive copies or reproductions of the requested records. (R.C.149.43 (B) (5)).

If you complete this form, it will help us to better and more effectively serve you in providing you with the records you are requesting.

1. GENERAL INFORMATION: (Please Print.)

|  |  |
| --- | --- |
| Today’s Date: |  |
| Name: |  |
| Street Address: |  |
| City: |  |
| State: |  |
| Zip Code: |  |
| Telephone Number: |  |
| Fax Number: |  |

1. INFORMATION ON RECORD REQUESTED:

|  |
| --- |
| With as much specificity as possible, please describe what records you are requesting. (Attach another sheet if needed.) |
|  |

1. INSPECTION OF RECORD: (Check your preference below.)

There is no charge to inspect public records while in the Village of North Fairfield, Ohio office where the records are kept. Village of North Fairfield, Ohio has adopted and provides photocopies and reproductions of public records in accordance with the Public Records Policy Manual.

|  |  |
| --- | --- |
|  | I would like to inspect these records in the office when they are ready. |
|  | I would like these records copied/reproduced and I will pick them up when they are ready. |
|  | I would like these records copied and mailed to me at the address on this form. |

Records Received by: Date: