

**REQUEST FOR PUBLIC RECORDS
PURSUANT TO OHIO PUBLIC RECORDS ACT (ORC 149.43)**

Any person may make a request for public records by phone, in person, by email, by letter, or by utilizing this request form.

Date of Request: _____

Requester's Contact Information:

I understand that I am not required to disclose my identity and do so voluntarily to facilitate my request.

Name: _____ Phone: _____

Address: _____ Email: _____

City/State/Zip: _____

Records Requested:

I understand that the records requested must actually exist and that Mayfield Village has no duty to create records to respond to my request. I further understand that my request must be specific enough for Mayfield Village to be able to reasonably identify the records.

(use back or provide additional sheets, if necessary)

Method of Delivery:

I choose the following method of delivery of the requested records and understand that I may change the method of delivery after being advised of the number of responsive documents:

I will inspect the records at the Village's offices at an agreed time during regular business hours, free of charge.

I request paper copies by mail or by pickup. I understand that the first 20 pages are free of charge and additional pages are \$.05 for b/w copies and \$.10 for color copies, payable in advance. If by mail, please provide delivery address: _____

I request that electronic copies be sent via email to: _____

If documents are provided on a DVD, flash drive or other device, I agree to pay the actual cost of the device in advance. Please send by mail to _____ or I will pick up.

For Mayfield Village Use:

Request # _____

Date Request Received: _____

Date of Response: _____

of Documents: _____

Amount Received: \$ _____ Cash Check CCard

Signed: _____