

**BOARD OF TRUSTEES**

Bonnie J. Batchler  
Robert W. Pautke  
Allen M. Freeman

**Fiscal Officer**

Debbie S. Schwey



950 Locust Corner Road  
Cincinnati, Ohio 45245

(513) 752.6262  
Fax # (513) 752.8981  
[www.piercetownship.org](http://www.piercetownship.org)

FORM "J"

**PUBLIC RECORDS REQUEST FORM**

Date of Request: \_\_\_\_\_

Attachments: \_\_\_\_ Yes \_\_\_\_ No

Requestor: \_\_\_\_\_  
Last Name First Name

Phone # \_\_\_\_\_

Email: \_\_\_\_\_

Address:

Number Street City State Zip Code

Received: \_\_\_\_ in person \_\_\_\_ phone \_\_\_\_ fax \_\_\_\_ email \_\_\_\_ Other

Documents requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check request type: \_\_\_\_ inspection \_\_\_\_ copies \_\_\_\_ both

**FOR INTERNAL USE:**

Received by: \_\_\_\_\_  
Name Department

Administrator Review: Yes \_\_\_\_ No \_\_\_\_ Legal Review: Yes \_\_\_\_ No \_\_\_\_

Records or Data Redacted? Yes \_\_\_\_ No \_\_\_\_

If yes, provide general reason and/or applicable ORC code section: \_\_\_\_\_

Please check the appropriate box:

1. \_\_\_\_ Documents inspected by and/or copies were provided to requestor on \_\_\_\_\_  
Date

2. \_\_\_\_ Copies mailed to requestor on \_\_\_\_\_  
Date

3. \_\_\_\_ Other: \_\_\_\_\_ / \_\_\_\_\_  
Date