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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