

PLEASE PRINT



Date Submitted _____

PUBLIC RECORD(S) REQUEST

Name _____

Phone _____

Address _____

Email _____

Request

In the event the requested Public Record(s) request appears to be "accepted" by Ohio Revised Code 149.43, including but not limited to medical records, investigatory and trial preparation records the attorney for Springfield Township shall promptly determine whether the requested Public Record is eligible for review and/or copy.

The township shall make copies of the requested eligible records, at the cost of \$.10 per copied sheet, which has been determined to be a reasonable amount. The staff shall make all reasonable attempts to complete request within 3 business days, if Springfield Township has in-house copy capabilities. If any outside copy source is needed, actual cost shall first be collected from the applicant.

B & W Copy x \$.10 each \$ _____

COLOR Copy x \$.15 each \$ _____

CD x \$ 4 Each \$ _____

TOTAL DUE \$ _____

Request Fulfilled By

Request Received By*

Twp. Employee

Date

Applicant

Date

Applicant is not required to provide this personal information. However, this information helps to facilitate completion of the request.