

## **Public Records Request**

The Village of South Lebanon is dedicated to providing the highest quality of customer service in accordance with Ohio's Public Records Act. *Your request is not required to be in writing, nor is it required that your name or intended use of the requested records be disclosed.* The information contained on this form is solely intended to enhance our ability to respond to your request in a timely and reasonable manner.

## To be completed by employee if not completed by the requester based on nature or form of request

*Name of Requester:	Date Requested:					
Street Address:	City, State, ZIP:					
Phone Numbers (Please indicate type):	E-mail:					
INFORMATION REQUESTED: Please be specific. Reco	ords sought must be identified with sufficient					
clarity in order to allow the Village of South Lebanon to identify, retrieve and review the records.						
Please Print.						
Type of Record Requested:	f Record Requested: Relevant Date(s):					
Description:						
Completed Response						
Date Requester Notified: By:	Via:					
Date Response Mailed, Picked up or Inspected (circ	cle one):					
Total Cost: Inclu	g actual postage cost of: \$					
# of Copies Requested: @ \$.05 p	er page Total Fee: \$					