PUBLIC RECORDS REQUEST

Note to requester: Retain a copy of this request for your files. If you eventually need to file a Request for Review with the Court of Claims, you will need to submit a copy of your public records request.

Date requested: ____________________________

Request submitted by: _____ E-Mail _____ U.S. Mail _____ Fax _____ In Person

Name of requester ___________________________________________ or Anonymous * _____

Street Address ________________________________________________

City/State/County/ZIP (required) ______________________________________

Phone (optional) ____________________ Fax (optional) ______________________

E-Mail (optional) ________________________________________________

Record(s) requested. (You may attach additional pages, if necessary): **

________________________________________________________________

________________________________________________________________

Do you want a copy of the requested Public Record(s)? *** _____ Yes _____ No

If Yes, choose the media you wish: _____ Digital PDF -or- _____ Paper

How do you want to receive the Public Records you're requesting?

_____ E-Mail _____ U.S. Mail*** _____ Fax _____ In Person

* See attached information sheet regarding anonymous Public Records Requests.

** See attached information sheet to be certain your request meets the definition of Public Records.

*** There may be a fee for some services. Please see the attached information sheet.

Please submit this form along with any additional information to

The Office of the Mayor
7325 Summitview Drive
Seven Hills, OH 44141

E-Mail: kholland@sevenhillsohio.org | Fax: 216.524.0523