



# City of Seven Hills Ohio

7325 SUMMITVIEW DRIVE • SEVEN HILLS, OHIO 44131 • PHONE 216/524-4421

## 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

**Please submit this form along with any additional information to**

**The Office of the Mayor  
7325 Summitview Drive  
Seven Hills, OH 44131**

**E-Mail: [kholland@sevenhillsohio.org](mailto:kholland@sevenhillsohio.org) | Fax: 216.524.0523**

*\* 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.*