

REQUEST FOR PUBLIC RECORDS INFORMATION

(AS PROVIDED FOR IN THE OPEN RECORDS ACT OF OHIO)

(1) Individual Requesting information:

a) Name _____

b) Address _____

c) Phone _____

(2) Name of Department from which information is requested:

Name _____

(3) Description of public records or access to records requested:

Applicants Signature

Date

County Employee receiving request

Date

County Prosecutor's Office approval

Date:

Records/information released to above individual

By: _____

Date:

The request is in compliance with the Open Records Act of the State of Ohio as well as the Freedom of Information Act.