



CITY OF POWELL PUBLIC RECORDS REQUEST FORM

This form is intended to help Staff facilitate your request for public records.

Please note: The Requestor's refusal to complete this form does not impair the requestor's right to inspect and/or receive copies of the public record. (R.C. 149.43(B)(5))

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

DATE & TIME OF REQUEST: _____

INFORMATION REQUESTED: - Please be as specific as possible -

The above referenced information will be available for review during normal business hours. Copies of public records shall be made available upon request at a cost to be determined by the current Fee Schedule.

After you have received the information you requested, please sign your name in the space provided below, indicating you have received the information you requested.

Signature of person receiving requested information Date

Signature of Staff person presenting requested information Date

City of Powell 47 Hall Street Powell, OH 43065-8357
(614) 885-5380 Fax (614) 885-5339 www.cityofpowell.us

- PLEASE RETURN COMPLETED FORM TO CITY CLERK -