



PUBLIC RECORDS REQUEST

O.R.C. Section 149.43

(Completion of this form or any portion of this form is optional. However, it may assist with the speed and accuracy with which the MetroParks is able to comply with the request.)

PLEASE PRINT -- Form may be submitted via US Mail, scan, email, or in person.

Date _____

Name _____

Address _____

Phone _____ Email Address _____

Date of public record requested: _____

Name of public record requested: _____

(check applicable box or boxes)

- I request:** Access to Review Records Copy or Copies of a Record
 Hard Copy(ies) Electronic Copy(ies) in pdf format via email *

Public Records Copy Fees

Expense Fees:

- .05 cents per page for 8 ½ x 11 sheet *
- .10 cents per each #10 envelope, .25 for each oversized envelope
- Current First Class Postage rate for each #10 envelope or each large envelope
- Current USPS Certified Mail rate (if hard copies are mailed)

OFFICE USE ONLY

Fees received on _____ by _____ \$ _____
Date Name of Person(s) Requesting Records

Number of copies made _____ **Cost @ \$0.05 per page** \$ _____

Copies delivered by _____ **Cost of delivery** \$ _____
(includes packaging)

TOTAL COST \$ _____

Refund or Amount Due, if any \$ _____

Request completed by:

- | | | |
|--|--------------|-------------|
| <input type="checkbox"/> Response as to estimated completion time and cost | <u>Staff</u> | <u>Date</u> |
| <input type="checkbox"/> Production of copies | _____ | _____ |
| <input type="checkbox"/> Emailing/Mailing/Delivery of Copies | _____ | _____ |

* No fee for electronic copy(ies) emailed to requesting party.