CITY OF STREETSBORO VOLUNTARY PUBLIC RECORDS REQUEST FORM

•	ame	
	Street Address	City, State Zip
	Phone Number	Today's Date
-	With as much specificity as possible, please describe what records you want to review. Please Print	
	t is the City's policy to make public records available for inspection and to make copies available within a reasonable period of time. There is no charge to inspect records while in City of Streetsboro buildings. Photocopying, duplicating, transmittal and mailing charges may require advanced payment. Please Check: I would like to inspect these records.	
	I would like these records copied and I will pick them up when they are ready. I would like these records copied and mailed to me at the address on this form. Other (please specify)	
	Number of copies requested @	_¢ per page fee; \$
	Copies of other materials (video tape, cassette, etc)	fee: \$
	Transmittal / mailing charges	fee: \$
	Record has never been maintained by the City Record is no longer maintained or has been disposed of or transferred pursuant to RC-2 Record has been disposed of pursuant to an application of One-Time Records Disposal RC-1 Record is prohibited from release due to an applicable state or federal law, specifically	
I.	Record provided <u>is not</u> in the form of a paper document Cassette tape video tape other (specify)	
I.	Record is prohibited or exempted by law: Record has been forwarded to legal counsel for research / review Record has been reviewed and release has been denied by legal counsel (see attached) Record has been reviewed by legal counsel and records are to be released	
II.	Record has been reviewed and contained non-releasable material that has been redacted according to state or federal law (see attached)	
X. Receipt: The undersigned acknowledges in-person receipt of the requested public recoi		n-person receipt of the requested public records.
	Signature	Date
₹.	Name of City employee handling request	Date request was completed