

City of Ashtabula, Ohio Public Records Request Form RC 100

Our City government belongs to the citizens of the City of Ashtabula. We conduct our government activities in the open, and we are proud of our strong commitment to this important principle of democracy.

While not mandatory, if you fill out this form it will help us provide the public records you are requesting in a more timely fashion. Please give this form to the City Department maintaining the records.

Name of Requestor		
Street Address	Ci	ty, State Zip
Disarra Marakan		dude Date
Phone Number	10	oday's Date
With as much specificity as possible,	please describe what	records you want to review. PLEASE PRINT.
		•
page for requests that exceed twe payment. Mailing charges are asset	nty-five (25) copies be essed at actual cost	Is according to the following schedule: five (5) cents per eginning with the first copy . All requests require advance There is no charge to inspect records while in a City
buildings. Please check your prefere	ence below.	
I would like to inspect th	ese records in the City	building when they are ready.
I would like these record	ds copied, and I will pic	k them up when they are ready.
Lwould like these recor	ds copied and mailed to	o me at the address on this form.
i would like these recon	us copied and mailed to	one at the address on this form.
Name of City employee handling req		Data request was completed
name of City employee naming req	uesi	Date request was completed