

# Geauga Soil and Water Conservation District Public Information Request Form

Date of Request: \_\_\_\_\_

Request Made To: \_\_\_\_\_

(Public Records Officer)

Request made: \_\_\_ In person \_\_\_ By phone \_\_\_ In writing via mail, fax, or E-mail

I request to \_\_\_ view \_\_\_ receive copies of the following records:


This request is made in accordance with the Ohio Public Records Statute R. C. 149.43.

I understand these records will be prepared and made available for inspection during regular business hours in a prompt and reasonable fashion following receipt of this request. Copies will be provided in the requested medium at the rate established by the Geauga Soil and Water Conservation District. Depending upon the records requested, this office may consult with legal counsel before releasing records. A written response to this records request will be made within a reasonable period of time. I would like to receive written notice of this office's response to my public information request in the following manner:

- \_\_\_\_\_ 1) In person
- \_\_\_\_\_ 2) Via E-mail
- \_\_\_\_\_ 3) United States Postal Service
- \_\_\_\_\_ 4) Fax to the following fax # \_\_\_\_\_

**(Optional)** This information is requested by:

<b>Name:</b>	
<b>Street Address:</b>	
<b>City, State, Zip Code:</b>	
<b>Phone:</b>	<b>Email address:</b>

\_\_\_\_\_ This form was completed by \_\_\_\_\_