## City of Fairborn 44 West Hebble Avenue

Fairborn Ohio 45324

## PUBLIC RECORDS REQUEST FORM

Office Use Only

**CONTROL NUMBER** 

Direct Dial: (937) 754-3030

FAX: (937) 754-3199

ATTENTION REQUESTOR: specifically the type of records you filed, and three requested items per or for records not identified on this retained by the City. Public Records	To expedite your request for City records u are requesting. Please limit your request form. Additional forms or pages can be s form. Requests should reasonably desc	ds, please fill out this form completely, and identify est to one facility or one site address for each request form be used if requesting information for more than one facility cribe identifiable records prepared, owned, used, or attifying those records in the City's possession. The City is
	REQUESTOR INFORM	MA <u>TION</u>
NAME:		DATE:
COMPANY:		
MAILING ADDRESS: CITY:		STATE: ZIP CODE:
PHONE NUMBER:	FAX N	STATE: ZIP CODE: NUMBER:
THOUGHT.		UNBER.
	REQUESTED RECO	ORDS
☐ City Manager's Office	☐ Ordinances or Resolutions	☐ Sewer Department
Council Minutes	□ Parks	☐ Street Department
☐ Engineering Department	□ Personnel Records	☐ Utility Billing Department
☐ Finance Department	☐ Planning Department	□ Water Department
☐ Fire Department	☐ Police Department	☐ Other (describe below or on additional pages):
TIME PERIOD OF DOCUMENT	S REQUESTED From:	То:
2: 1: 0.05		
	per page for paper copies, \$1.00 per copied C ecords onto CD will be in PDF format.	CDs. Requestor may supply a CD at no-charge.
	•	
☐ I request that the City contact r	records, where applicable, and do not wa me prior to copying the requested records tested records and I hereby agree to reimb	
- <b>1</b>		
		Signature of Requestor
Note: A written request is NOT mand	latory and the requestor may decline to reveal	ıl their identity or use of the material.
DEPARTMENT ACTION (For internal Use ONLY)		