

MUSKINGUM COUNTY PUBLIC RECORDS REQUEST FORM

We would appreciate you completing the information below for your public records request. Please note that by law this form is not required and is not mandatory for you to complete to receive your request. Please be advised that pursuant to ORC 149.43(B)(5), you do not have to provide either your identity or the intended use of the requested public record.

Name: _____ Date : _____

Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

Name of Public Record _____

Description of Record Being Requested _____

Records are to be: Mailed Picked up Email

Please note that there is a charge of ten cents (\$0.10) per page. There is an additional cost for postage if you would like the requested records mailed.

Office Use Only:

Number of copies _____ @ \$.10 per page	\$
Postage Cost (if to be mailed)	\$
Total Cost	\$
Paid By:	
Request Completed By:	
Date Completed:	
Approved by Appointing Authority:	
Comments:	