## PUBLIC RECORDS REQUEST

Chardon Municipal Court is dedicated to providing the highest quality of customer service in accordance with Ohio's Public Records Act. The information contained on this form is solely intended to enhance our ability to respond to your request in a timely and reasonable manner. Our office is under no obligation to create records to meet public record requests, but will prepare and make available those records which do comply with your request. If we cannot reasonably identify what public records you are requesting, you may revise your request and we will explain to you the manner in which the office's records are maintained. Your request is not required to be in writing, nor is it required that your name or intended use of the requested records be disclosed.

PLEASE PRINT	Please indicate the type of copies nee	eded → CERTI	FIED or REGULAR
Name of Requester:			
Address:	City:	State:	Zip:
Phone:	Email:		
Request(s) must be specific.			
TYPE OF RECORD REQUESTED:	RELE\	VANT DATE(S): _	
	* For add	litional space, please u	se back side of this form.
Your request(s) may be FAX	XED: 440.286.2679 or EMAILED: mur	nicriminal@co.g	eauga.oh.us
	♦ OFFICE USE ONLY ♦		
Date Requester Notified:	Ву:	Via: Phone	/ Email / Fax / Mail
Completed Record Request sent on $\rightarrow$	Date:	Via: Pick-Up	) / Email / Fax / Mail
Number of Copies Reque	ested at \$ / page		
Total Cost: \$	(including postage if applicable)		
Additional Comments / Information:			