Village of Archbold, OH
P.O. Box 406
Archbold, OH 43502
PH: 419-445-9501 FAX: 419-445-0908

www.archbold.com

RECORDS REQUEST

Note to Requester: Retain a copy of this request for your files. If you eventually need to file a Request for Review with the Court of Claims, you will need to submit a copy of your public records request

Date Requested: _____

Request Submitted By: _____E-Mail _____U.S. Mail _____Fax _____In Person

Name of Requester (optional): _____
Street Address (optional): _____
City/State/Zip (Optional): _____

Telephone (Optional): _____ E-mail (Optional): _____

Fax (Optional): _____

Records Requested: *Provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional pages, if necessary.

_____
_____
_____
_____

Do you want copies of the documents? YES -or- NO

--Do you want Electronic Copies or Paper Copies?_____
--If you want Electronic Copies, in what format? _____

Village of Archbold use only below this line

_____

Date Received:_____

Department/Person who will complete the request:_____

Date documents were provided and how:_____

Signature and Title of Employee:_____

Notes:

_____
_____
_____
_____