



REQUEST TO VIEW PUBLIC RECORDS
(Ohio Revised Code Section 149.43 et seq.)

CITY OF STRONGSVILLE
16099 Foltz Parkway
Strongsville, Ohio 44149
440.580.3100

THIS FORM MAY BE FILLED OUT BY ANY INDIVIDUAL REQUESTING TO VIEW OR COPY PUBLIC RECORDS. THE CITY OF STRONGSVILLE CANNOT REQUIRE THAT YOUR REQUEST BE WRITTEN. HOWEVER, IT IS SUGGESTED THAT THE FORM WILL ASSIST YOU AND THE CITY IN CLARIFYING YOUR REQUESTS, FACILITATING A PROMPT RESPONSE, AND PROVIDING AN ACCURATE RECORD OF ALL REQUESTS TO VIEW OR COPY PUBLIC RECORDS WITHIN THE POSSESSION OF THE CITY.

Description of records requested: _____ Date of Request: _____

City Department and location of record(s) to be viewed or copied:

The following information is optional:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Please check one:

I wish to: Copy the document(s) described above (.25 each page)

View the document(s) described above

Number of documents(s) to be copied _____ Number of copies requested _____

OFFICE USE ONLY	
Date Furnished: _____	Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check
Furnished By: _____	
Number of Copies: _____	
Total Cost: _____	