



**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: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please check one:

I wish to:  Copy the document(s) described above (\$.05 each page)  
*[and subject to Sections 3.1 through 3.8 of the City's Public Records Policy]*

View the document(s) described above

E-mail the document(s) to the address above

Number of documents(s) to be copied \_\_\_\_\_ Number of copies requested \_\_\_\_\_

**OFFICE USE ONLY**

Date Furnished: \_\_\_\_\_

Payment Method:  Cash  Check

Furnished By: \_\_\_\_\_

Number of Copies: \_\_\_\_\_

Total Cost: \_\_\_\_\_