

REQUEST FOR PUBLIC RECORDS

City of Dover 110 East Third Street Dover, Ohio 44622 Phone: (330) 343-6726

Fax: (330) 343-7336

In accordance with Ohio Revised Code 149.43 and pursuant to Dover City Ordinance 20-14, the City of Dover will promptly (within a reasonable time) produce copies of the requested records to you, unless the information is exempt from disclosure.

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Date:	Name (optional):	
Mailing Address (optional):		
Telephone Number (optional):	Email (optional):	
Preferred method to receive documents: Mail □	Email □ Pick-up □ Fax □	Inspect□
Please provide a detailed description of the reque records or list, timeframe sought, etc.):	sted information (such as name of rec	cord requested, date of
In making this request, I understand that the City of Dover comply with a standing/ongoing request for information. It accordance with ORC 149.43 (as presently adopted and as a reserves the right to seek an opinion with the City Law Dirinformation will include legal authority. In addition, the City for electronic files downloaded.	further understand that copies of the information amended in the future) and Dover City Ordinatector with regard to release of any records.	ion will be released only in nee 20-14 and that the City Any redaction or denial of
Signat	ure/Name of Requestor	Date