



**THE CITY OF MT HEALTHY
ECONOMIC DEVELOPMENT
BUILDING AND PLANNING**

7700 Perry Street
Mt. Healthy, Ohio 45231
513.728.3182

www.mthealthy.org

PUBLIC RECORDS REQUEST

Application	Date
Number:	Received:

Date of Request: _____

Name of Requester: _____

Company: _____

Street Address: _____

City, State, Zip: _____

Requester Contact Information: PH _____ FAX _____ EMAIL _____

It is the policy of the City of Mt Healthy, Ohio that openness leads to a better informed citizenry, which leads to better government and better public policy. The City of Mt Healthy provides this form to manage the public records request process more efficiently and to help avoid delays and confusion. The availability of public records is not conditioned on completion of this form. A written request for records is not mandatory and you may decline to identify yourself. However, disclosing your identity or intended use will enhance the City of Mt Healthy's ability to identify, locate, or deliver the public records that you've sought. If you do not want to make a written request, or do not want to reveal your identity, please call the City of Mt Healthy's Public Records Administrator at 513-200-1176. If you chose to use this form, please provide specific details about the records you seek. Please refer to the City of Mt Healthy Public Records Policy for timelines that public records will be provided. Thank you!

With as much specificity as possible, please describe what records you want to review. (PLEASE PRINT CLEARLY) _____

The City of Harrison provides public records according to the costs below. All requests require advance payment. Please check your preference below.

- Photocopies - \$.10 per page _____
- Documents sent via US Mail - assessed at actual cost _____
- Documents sent via email – no charge _____
- Documents reviewed while in City of Mt Healthy Buildings – no cost _____

FOR OFFICE USE ONLY:

Name of Employee Handling Request

Date Completed