

## City of Mt. Healthy, Ohio Public Records Request Form RC 100

While not mandatory, if you fill out this form it will help us provide the public records you are requesting *in a more timely fashion*.

Name of Requestor	
Street Address	City, State, Zip
Phone Number	Today's Date
With as much specificity as possible, please describe what records you want to review. PLEASE PRINT.	

Copies are five cents per page. All requests require advance payment. Mailing charges are assessed at actual cost. There is no charge to inspect records while in City of Mt. Healthy buildings. Please check your preference below.

- I would like to inspect these records in the building when they are ready.
  
- I would like these records copied, and I will pick them up when they are ready.
  
- I would like these records copied and mailed to me at the address on this form.

Name of City of Mt. Healthy employee handling request	Date request was completed

**City of Mt. Healthy, Ohio  
Public Records  
Form RC 101**

Our city government belongs to the *citizens* of Mt. Healthy, Ohio. We conduct our government activities in the open, and we are proud of our strong commitment to this important principle of democracy.

**Prepayment is required.**

Name of Requestor See RC 100	
Number of copies requested _____ @ \$.05 per page	Total fee: \$
Copies of other materials (video tape, cassette, etc)	Total fee: \$
Receipt number:	Total fee: \$
<p><b>Record(s) not available:</b></p> <p><input type="checkbox"/> Record has never been maintained by the city</p> <p><input type="checkbox"/> Record is no longer maintained or has been disposed of or transferred pursuant to RC-2</p> <p><input type="checkbox"/> Record has been disposed pursuant to an application of One-Time Records Disposal(RC-1)</p> <p><input type="checkbox"/> Record is prohibited from release due to an applicable state or federal law. (State the applicable state or federal law) _____</p> <p><b>Record provided <u>is not</u> in the form of a paper document</b></p> <p><input type="checkbox"/> Cassette tape                      <input type="checkbox"/> Video tape                      <input type="checkbox"/> Other (specify)_____</p> <p><b>Record is prohibited or exempted by law:</b></p> <p><input type="checkbox"/> Record has been forwarded to legal counsel for research / review</p> <p><input type="checkbox"/> Record has been reviewed and release has been denied by legal counsel</p> <p><input type="checkbox"/> Record has been reviewed by legal counsel and records are to be released..</p> <p><input type="checkbox"/> <b>Record has been reviewed and contained non-releasable material</b></p> <p><input type="checkbox"/> Upon review, non-releasable material has been redacted</p> <p><input type="checkbox"/> Releasing employee has noted the date, initials, and name of the requestor on a copy of the reproduced page</p>	
Name of City employee handling request	Date request was completed