



CITY OF BEAVERCREEK
1368 Research Park Drive
Beavercreek, OH 45432

Direct Dial (937)427-5510
Fax: (937)431-2346

PUBLIC RECORDS REQUEST FORM

Office Use Only

CONTROL NUMBER

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ATTENTION REQUESTOR: To expedite your request for City Records, please fill out this form completely, and identify specifically the type of records you are requesting. Please limit your request to one facility or one site address for each request form filed, and three requested items per form. Additional forms or pages can be used if requesting information for more than one facility or for records not identified on this form. Requests should reasonably describe identifiable records prepared, owned, used or retained by the City. Staff is available to assist you in identifying those records in the City's possession. The City is not required by law to create a new record or list from an existing record

REQUESTOR INFORMATION

NAME:	DATE:
COMPANY:	
MAILING ADDRESS:	STATE:: ZIP CODE:
CITY:	
PHONE NUMBER:	

REQUESTED RECORDS (3 per items per form)

<input type="checkbox"/> Applications	<input type="checkbox"/> Complaints	<input type="checkbox"/> Payroll Records
<input type="checkbox"/> Accounts Payable Reports	<input type="checkbox"/> Planning Case Reports	<input type="checkbox"/> Personnel Records
<input type="checkbox"/> Accounts Receivable Reports	<input type="checkbox"/> Zoning Case Reports	<input type="checkbox"/> Traffic Accident Reports
<input type="checkbox"/> Notices of Violation	<input type="checkbox"/> Legal Billing Reports	<input type="checkbox"/> FOP and CWA Contracts
<input type="checkbox"/> Council Minutes	<input type="checkbox"/> Ordinances and Resolutions	<input type="checkbox"/> Other (describe below or on additional pages)

TIME PERIOD OF DOCUMENTS REQUESTED FROM: TO:

REQUESTED FACILITY INFORMATION (If Applicable)

FACILITY NAME:		
FACILITY ADDRESS:		
CITY:	STATE:	ZIP CODE:
FACILITY I.D. NO. (If known):	APPL. AND/OR PERMIT NO. (If known):	

Direct cost of duplication: \$.10 per page for paper copies and \$5.00 per copied audio tape and \$1.00 per DVD.

- I wish to inspect the requested records, where applicable, and do not want copies produced at this time.
- I request that the Department Director contact me prior to copying the requested records if the cost exceeds \$20.00
- I would like copies of the requested records and I hereby agree to reimburse the City for the irecto cost of duplicating the requested records in accordance with House Bill 9.

A written request is not mandatory and the requestor may decline to reveal their identity or use.

 Signature of Requestor