



REQUEST FOR PUBLIC RECORDS

Village of Groveport

Today's Date: _____

Name: _____

Mailing Address: _____

City, State, Zip: _____

Daytime Phone: () - _____

Evening Phone: () - _____

Email: _____

Fax: () - _____

Information Requested: _____

Approximate Date of Information: _____

Context of Information: _____

PLEASE ALLOW 3 TO 5 BUSINESS DAYS FOR INFORMATION TO BE MADE AVAILABLE.
.....

For Office Use Only

Date Promised: _____

Information taken by: _____

Public records are provided to you at a cost of 5 ¢ per page.

Original – File

Copy – File

Copy – Person Requesting



*****By law, you are not required to make your request in writing, However; as part of our record keeping practices we ask that you do*****