



# Cheryl Brooks-Sullivan

## Franklin County Treasurer

### PUBLIC RECORDS REQUEST FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & ZIP Code: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Custodian of Records: \_\_\_\_\_

Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

[City, State, ZIP Code] \_\_\_\_\_

Under the **Ohio Open Records Law, §149.43 et seq.**, I am requesting an opportunity to inspect or obtain copies of public records that (description of record(s) being requested):

---

---

---

There is a 10 cents per page fee for searching or copying these records. Please inform me if the cost will exceed \$\_\_\_\_\_. This information is not being sought for commercial purposes.

If you expect a significant delay in responding to or in fulfilling this request, please contact me with information about when I might expect copies or the ability to inspect the requested records.

If you deny any or all of this request, please cite each specific exemption you feel justifies the refusal to release the information and notify me of the appeal procedures available to me under the law.

Thank you for considering my request.

Sincerely,

\_\_\_\_\_  
Name of Individual Requesting Record(s)

\_\_\_\_\_  
Telephone Number