



4929 South Warner Drive
Geneva-on-the-Lake, Ohio 44041
Phone: 440-466-8197
www.genevaontheLake.org

COMPLETING THIS WRITTEN REQUEST IS OPTIONAL. YOU MAY MAKE YOUR PUBLIC RECORDS REQUEST ORALLY IF YOU SO CHOOSE.

1. Date of Request: _____

2. Type of Request: (Check all that apply.)

Request to Inspect Records Request for Copies of Records Request for Mailing Records

2. Requested Records: (Attach additional pages, if necessary. If request was in writing, attach written request.)

3. Requested Format of Copies of Records: (Check applicable format, if copies of records are requested.)

Paper CD/DVD Electronic Format Other: _____

4. Requestor Contact Information: (Optional)

Name: _____ Phone Number: _____

Mailing Address: _____

(This area to be completed by Village employee)

Date of Request: _____ Time of Request: _____ am/pm

Date Request Received: _____ (For mailed written requests.)

Employee Receiving Request: _____

Department/Division: _____

For oral requests, did the requestor read the above request or have it read to him/her? Yes No

If No, indicate reason(s): _____

Date Request Fulfilled: _____ Cost of Records: _____ Payment Received? Yes No

If No, why? _____

If request was denied in whole or in part, attach Denial/Redaction of Public Records Request Form.