Erie MetroParks
Request for Public Records
O.R.C. Section 149.43

Date _____

Name _____

Address _____

_____

Phone _____

Date of public record requested: _____

_____

Name of public record requested: _____

_____

_____

OFFICE USE ONLY

Deposit received on _____ by _____ **$** _____
date name

Number of copies made _____ **Cost @ $0.05 per page $** _____

Cost of electronic media, if requested $ _____

Copies delivered by _____ **Cost of delivery $** _____
(name of delivery service) (includes packaging)

TOTAL COST $ _____

Refund or amount due, if any $ _____

Request completed by _____ Date _____