OXFORD TOWNSHIP TRUSTEES
925 South Main Street
Oxford, Ohio 45056
Phone: (513) 523-7131 Fax: (513) 523-6397

PUBLIC RECORDS REQUEST FORM

Note to Requester: Retain a copy of this request for your files. If you eventually need to file a Request for Review with the Court of Claims, you will need to submit a copy of your public records request

Name and Address of Public Agency or Official Receiving Request:

Date Requested: Click or tap to enter a date.

Request Submitted By: ☐E-Mail ☐U.S. Mail ☐Fax ☐In Person

Name of Requester:

Street Address:

City/State/County/Zip (required):

Telephone (Optional): E-mail (Optional):

Fax (Optional):

Records Requested: *Provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional pages, if necessary.

Do you want copies of the documents? ☐YES -or- ☐NO
If Yes, what type of copies: ☐ Electronic Copies -or- ☐ Paper Copies
If Electronic Copies, in what format: ☐ USB ☐ CD

Cost: Per copied pages 1-10 (Free); 11+ pages $5.00; Per USB Drive $5.00; Per CD $2.00; By mail add certified mailing fee to cost. Fees must be paid prior to the release of records. Fees can be paid to Oxford Township by cash or check.

Request Received by:

Personnel/ID#: Date: Click or tap to enter a date.

Request Provided by:

Personnel/ID#: Date: Click or tap to enter a date.

To:

Requester: Name _____ Signature _____