



**PUBLIC RECORDS REQUEST FORM**

**City of Willoughby  
One Public Square  
Willoughby, OH 44094  
440-953-4129  
440-952-4167 (fax)**

The City of Willoughby cannot require that your request be written, however, it is suggested that the form will assist you and the City in clarifying your requests, facilitating a prompt response, and providing an accurate record of all requests to view or copy public records within the possession of the City.

Description of records requested: \_\_\_\_\_ Date of Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following information is optional:

Name of Requester: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please check one:

- Copy the document(s) described above (no charge for the 1<sup>st</sup> through 25<sup>th</sup> copy; for the 26<sup>th</sup> or more copies there is a fee of \$.05 each for black & white copies and \$.10 each for color copies calculated to the first copy).
- Download files to a flash drive (\$5.00).
- View/Inspect the document(s) described above at the City's offices (no charge).
- E-mail the document(s) to the e-mail address above (no charge).
- Mail the document(s) to the address above (postage to be paid actual cost).

If a commercial service is utilized for copying of requested documents, the City is not able to produce, the requester is responsible for making payment directly to the company providing that service.

**OFFICE USE ONLY:**

Date request completed: \_\_\_\_\_

Payment Method:     Cash     Check

Request completed by: \_\_\_\_\_

Number of Copies: \_\_\_\_\_

Total Cost (if applicable): \_\_\_\_\_