



CITY OF SOLON

REQUEST TO VIEW PUBLIC RECORDS

PLEASE NOTE: Ohio law does not require disclosure of your identity or intended use of requested records nor does it require that a request be made in writing. However, it is suggested that the form will help facilitate the City in clarifying your request, assist in providing a prompt response, and providing an accurate record of all requests to view or copy public records within the possession of the City.

The following information is optional:

Name: _____

Agency/Company: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

E-mail: _____

Signature: _____

Please check one:

I wish for the records to be available to me by:

- E-mail (*fastest method*)
 - Regular U.S. Mail
 - I will pick up the records in person (or send a designee). I understand I will receive a phone call from the public records coordinator when the records are ready to be picked up
 - Other: _____
-

Please provide as much information as possible so that we may easily locate the information you are requesting.

OFFICE USE ONLY

DATE FURNISHED: _____

FURNISHED BY: _____

NUMBER OF COPIES: _____

TOTAL COST: _____

PAYMENT METHOD: CASH
 CHECK