CITY OF GAHANNA

200 S. Hamilton Road
Gahanna, Ohio 43230
Phone: (614) 342-4090
Email: *records@gahanna.gov*

PUBLIC RECORDS REQUEST

The City of Gahanna is dedicated to providing the highest quality customer service in accordance with Ohio's Public Records Act. *Your request is not required to be in writing, nor is it required that your name or intended use of the requested records be disclosed*. The information contained on this form is solely intended to enhance our ability to respond to your request in a timely manner and to accurately identify the information being requested.

To be completed by employee if not completed by the requester based on nature or form of the request.

***Name of Requester**	**Today's Date**
Street Address	**City, State, ZIP**
Phone Numbers (please indicate type)	**E-mail Address**

INFORMATION REQUESTED*: Please be specific*. Records sought must be identified with sufficient clarity in order to allow the City of Gahanna to identify, retrieve and review the records. The records administrator is available to assist by advising you of the manner in which records are kept.
Please Print.
Relevant Date(s) _____

Record(s) Requested _____

Request No. _____ **INTERNAL USE ONLY** **Dept.** **MY CN CA CT DV EN EO FN HR IT PD PR SV**

Date Requester Acknowledged _____ by: _____ via: _____
(Employee Name, Title) (Phone #, mail, e-mail)

Date Response Sent or Inspected (Circle one) _____

Number of paper copies _____ **@ $**_____**.**_____ **per page**

Other Media _____ **@ $**_____**.**_____ **each**

Postage & Mailer _____ **@ $**_____**.**_____ **per page**

TOTAL COST **$**_____**.**_____	**Payment Received:** _____ (Date)