PUBLIC INFORMATION REQUEST FORM

(The following information must be completed for all types of public requests)

please print or type

Date

Name ____________________________________________

Address __________________________________________

City __________________________ State _______ Zip ________

Phone ( ) __________________________ Fax ( )

Type of records requested __________________________________________

________________________________________

Date(s) (if applicable) __________________________________________

Address (if applicable) __________________________________________

*This form is NOT to be used for Environmental or Phase 1 / 2 Assessment requests*

Call 614-645-4128 Ext. 75506 to determine prices for information requested.

(This section to be completed by Cols. Division of Fire Personnel Only)

Section Responsible for Records __________________________________________

Request completed by __________________________ I.D. Number __________

Dated Mailed ________ (or) Date picked up ________ (or) Faxed __________