## Public Records Request

Use or completion of this form is not mandatory but will help us provide the public records you are requesting *in a more timely fashion*.

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| Name of Requestor | |
| Street Address | City, State, Zip Code |
| Telephone Number | Today’s Date |
| With as much specificity as possible, please describe what records you want to review. PLEASE PRINT. | |

Copies are $ .10 cents per page or cost of electronic medium if copied by AMHA or the amount charged to AMHA by a commercial reproduction company. All requests for copies require advance payment. Mailing charges are assessed at actual cost. There is no charge to inspect records. Please check your preference below.

I would like to inspect these records in the building when they are ready.

I would like these records copied and I will pick them up when they are ready.

I would like these records copied and mailed to me at the address on this form.

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| **Records Manager Contact Information** |  |
| Email: director@akronhousing.org | Phone Number: 330-376-9507 |