

**CITY OF CLAYTON, OHIO
PUBLIC RECORDS REQUEST**

FORM C 100

While NOT mandatory, if you fill out this form, it will help us provide the public records you are requesting in a more timely fashion. Your refusal to complete this form does NOT impair your right to inspect and/or receive copies of the public record.

Name of Requester: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____

Today's Date: _____, 20____

With as much specificity as possible, describe what records you want to review. PLEASE PRINT:

COSTS: \$.05 (Five Cents) per photocopy, calculated from the first photocopy. Two sided photocopies shall be charged at the rate of \$.05 (Five Cents) per sheet. For video tapes, cassette tapes or for any other type of media, the fee shall be the replacement cost or the reproduction cost. Reproduction costs may only be charged if a commercial or professional service is contracted to provide the copy. Mailing charges are assessed at actual cost. All requests require advance payment. There is no charge to inspect records while at the Clayton Government Center.

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.

Name of City Employee handling request: _____

Date request completed: _____, 20____