SMITH TOWNSHIP, MAHONING COUNTY, OHIO
PUBLIC RECORDS REQUEST FORM

Under **Ohio Revised Code § 149.43**, you are **not legally required** to provide your name, contact information, or your reason for making this request. This form includes explicit legal reminders so that the township staff cannot improperly deny your request.

You may provide your request via email (fiscal@smithtwpmcoh.gov) or US Mail: 846 N. Johnson Rd., Sebring, OH 44672

Township Name: Smith Township, Mahoning County, Ohio
Date of Request: _____

Notice to Requester: *Under the Ohio Public Records Act, you are NOT required to put your request in writing, disclose your identity, or state the intended use of the records. Providing contact information is completely voluntary and is requested solely to help us deliver the records to you as quickly as possible.*

1. REQUESTER CONTACT INFORMATION *(OPTIONAL)*

- **Name:** _____
- **Mailing Address:** _____
- **City, State, Zip:** _____
- **Phone Number:** _____
- **Email Address:** _____

2. DESCRIPTION OF REQUESTED RECORDS

Please be as specific as possible. Include relevant names, timeframes, date ranges, subject matter, or case numbers to assist the township in accurately locating the records.

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3. PREFERRED DELIVERY METHOD *(CHOOSE ONE)*

_____ **Inspection Only:** I wish to inspect the original records at the township office during standard business hours (Free of charge). *An appointment may be required due to location of records and/or availability of Township personnel.*

_____ **Electronic Copy (Email):** Please email the files to the address provided above (Free of charge).

_____ **Paper Copies via US Mail:** Please print and mail the records to my address provided above. *(Standard statutory fees apply—typically $0.10 per page plus actual postage costs).*

_____ **Physical Pickup:** Please prepare paper copies or electronic media (CD/USB) for pickup. *(There will be associated costs required prior to picking up the records). A scheduled appointment may be required due to location of the records and/or availability of Township personnel.*

FOR TOWNSHIP INTERNAL USE ONLY *(DO NOT WRITE BELOW THIS LINE)*

- **Staff Member Receiving Request:** _____
- **Date & Time Received:** _____
- **Method Received:** [ ] Email [ ] In-person [ ] Phone [ ] Mail
- **Total Pages Generated:** _____ **Total Cost Assessed:** $_____
- **Date Request Completed:** _____
- **Method of Fulfillment:** [ ] Email [ ] In-person [ ] Phone [ ] Mail
- **Staff Member who Fulfilled the Request:** _____
- **Legal Redactions Applied (if any):** [ ] No [ ] Yes *(Cite statutory exemption below)*
    - *Exemption Authority (ORC § 149.43):*

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