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PUBLIC RECORDS REQUEST FORM

Date of Request: _____

Name (optional): _____

Address (required for mail): _____

City: _____ State: _____ Zip: _____

Phone (optional): _____

e-mail (optional): _____

Description of records (be as specific as possible by including dates of interest, etc.):

How would you like the records sent to you? Please check the box.

Regular mail. **E-mail.**

*It is the policy of the Toledo Area Sanitary District to comply with all Public Record Requests in a timely manner. There is a \$0.25/page charge for paper copies on requests over ten pages in length. There is no charge for electronic records.