



**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.):

[Empty box for description of records]

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.