

Greene County Request for Public Records

For office use only: Transmittal number: _____

Request Date: _____

Requestor Information (Please provide enough contact information so that your request can be delivered):

Name (optional): _____

Phone Number: _____ **Email:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Fax Number: _____

Office/Department Records Requested from:

Type of record requested (Describe in detail the information you are requesting. Please be specific, including the name of the office/department where the record originates, as well as the Record Schedule Numbers and Titles from the [appropriate Retention Schedule](#). If unsure of what office/department a record originates, please indicate that so that we can assist you in making that determination):

Date range of records requested: _____ to _____

Format Requested:

Paper ___ Electronic ___ Other _____

Requested Method of Delivery:

Email____ Mail____ Fax____ CD____ Pickup in person____ Other____

Number of Copies Requested: _____

Notify me of duplication costs exceeding \$ _____

Signature (optional):

Greene County Request for Public Records forms can be submitted via the website, email, mail, fax, or dropped off in-person to the appropriate office and/or department.

*Board of County Commissioners
35 Greene Street
Xenia, Ohio 45385*

*Phone: (937) 562-5006
Fax: (937) 562-5331*

For office use only:

Date of request: _____ Format request was received: _____

Name of requestor: _____

Office/Department where record originates: _____

Type of records requested: _____

Format of records requested: _____ Requested method of delivery: _____

Date acknowledgement sent: _____ By Whom: _____

Date public records request fulfilled/delivered: _____ By Whom: _____