**Village Council**

**Mrs. Laura Cochran**

President Pro Tempore

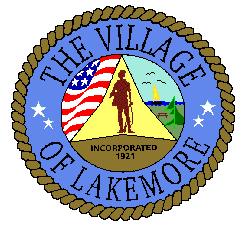
**Mr. Richard Cole, Jr.**

**Mrs. Tammie Coontz**

**Ms. Anne Snyder**

**Mr. Josh Timko**

**Mr. Chad Lance**

 **Rick Justice**

**Ms. Tracy Fast**

**Fiscal Officer**

**Ms. Rebecca Doherty**

**Law Director**

**Mr. Barry Saley**

**Fire Chief**

**Mayor**

## P.O. Box 455 ∙ 1400 Main St. ∙ Lakemore, Ohio 44250 - Municipal Building ∙ Phone 330-733-6125 ∙ Fax 330-733-3801

**PUBLIC RECORDS REQUEST FORM**

The Village of Lakemore provides this form to manage the public records request process more efficiently, and to help avoid delays and confusion. The availability of public record is not limited by or conditioned upon completion of this form. A written request for records is not mandatory, and you may decline to identify yourself. If you do not want to make a written request, or do not want to reveal your identity, please call the Village of Lakemore at 330-733-6125. If you choose to use this form, please provide specific details about what you want, including time frame, locations, etc. (if applicable). You may write on the back of this form if necessary. Please print clearly.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requestor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Requested information:**

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Please send form to: Village of Lakemore, Attn: Fiscal Officer, P.O. Box 455, Lakemore, Ohio, 44250.