LIVERPOOL TOWNSHIP



Public Information Request Form

The following information is requested on a **voluntary** basis to help Liverpool Township respond to your public information request more efficiently. According to the State of Ohio's Public Records Act, you are **not required** to provide the following information to submit a Public Information Request. However, providing the information below may assist Liverpool Township in obtaining the documents you seek in a more accurate and timely manner.

Department Re	ceiving Request:
Date of Reques	st:
	ormation (Voluntary) ester:
•	:Fax Number:
Mailing Addre	ss:
Email Address	
more specific y	Requested the documents/records being requested. Please be as specific as possible. The your request, the better Liverpool Township can locate and retrieve the information g in a timely manner. Please attach additional pages if necessary.
	u like to receive the information you are requesting:
☐ I will p	ck up/review copies at the designed Township office.

		Liverpool Township can call the liste information is available for pick up o	-		
		I will call Liverpool Township to dete	ermine when the information is available for		
	Mail copies to the mailing address listed.				
	Email copies to the email address listed (as practical).				
	Fax copies to the fax number listed (as practical).				
	I wish to review the information only; no copies necessary at this time.				
Cost The cost to obtain documents through a public information request is listed in the Public Records Policy, or the actual cost of the medium in which the information is provided (i.e. computer disc, etc.). Unless otherwise agreed upon payment is due before or at the time the documents are provided. Checks should be payable to Liverpool Township. *Request forms may be submitted personally at the Administration Building. Attention:					
Recoi	ds Cus	todian/Fiscal Officer Shirley Flati of	<u> </u>		
		ions please contact the Fiscal Officer	at (330) 932-0403		
OFFI	CE US	E ONLY:			
Request denied for the following reason:					
Records unavailable for immediate inspection for the following reason(s):					
Numb	er of Co	opies made:	Amount Due:\$		
Form	of Payn	nent (circle one): Cash/Check	Payment Received:\$		
Date Information Forwarded to Requester:					
Format of Information Provided:					
Records Inspected:					
Approximate Date Records will be Available:					