



Delaware-Morrow Mental Health & Recovery Services Board

Request for Public Records

IMPORTANT:

Completion of this form is not mandatory. Your refusal to complete or provide any and/or all information on this form will not limit or condition your right to promptly inspect and/or receive copies or reproductions of the requested records within a reasonable time period. (R.C. § 149.43(B)(5)).

If you complete this form... it will help us to better and more effectively serve you in providing you with the records you are requesting.

Your Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Record(s) Requested:

With as much specificity as possible, please describe what records you are requesting.

Inspection of Record(s): (Check Your Preference Below)

There is no charge to inspect public records while in the Delaware-Morrow Mental Health & Recovery Services Board office, where the records are kept. The Delaware-Morrow Mental Health and Recovery Services Board has adopted and provides photocopies and reproductions of public records in accordance with the Public Records Fee Schedule & Policy Regarding Fees for Copies & Reproductions.

How would you like to inspect/receive your records?

Inspect in the office

Emailed to me

Copied/reproduced and I will pick them up

Copied and mailed to me at the address on this form

1. Medium:

Preferred Medium (i.e., Paper, email, (PDF or locked format only), Flash Drive, etc.) for Copy/Reproduction.¹

2. Intended Use for the Requested Information:

An indication of the intended use for the information may enhance the Board's ability to identify, locate or deliver the requested public records.

¹ Medium is limited by the determination of the record custodian (manager) as to the types of media upon which the record can reasonably be duplicated as an integral part of the normal operations of the public office or records custodian (manager).