



# CITY OF NEW ALBANY

## PUBLIC RECORDS REQUEST FORM

This form is intended to help staff facilitate your request for public records.

**Please note: The requestor's refusal to complete this form does not impair the requestor's right to inspect and/or receive copies of the public record. (R.C. 149.43(B)(5))**

Requestor's Information	
Requestor's Name	
Requestor's Address	
Requestor's Phone Number	
Requestor's Fax Number	
Date & Time of Request	

Requested Information			
Specific Information Requested:			
History on Address			
History on Name		Date of Birth	

The above referenced information will be available for review during normal business hours. Copies of public records shall be made available upon request at a cost pursuant to the city's fee schedule.

After you have received the information you requested, please sign your name in the space provided below, indicating that you have received the information you requested.

Requestor's Signature		Date	
Releaser's Signature		Date	

For a complete copy of the city's Public Records Policy or department contact information please see our website at [www.newalbanyohio.org](http://www.newalbanyohio.org).