

## Request for Public Records

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

Name of requesting Party: \_\_\_\_\_

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

City

State

Zip Code

Information Requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In what format would the requester like the records produced? ☐ Paper ☐ Electronic PDF

How would the requester like to receive the records? ☐ Mail ☐ In person ☐ Email

Email address: \_\_\_\_\_

Signature of Requesting Party: \_\_\_\_\_

Request for Public Records should be mailed to Miami Metropolitan Housing Authority, Attn: Public Records Custodian, 1695 Troy-Sidney Rd. Troy, Ohio 45373

### MMHA USE ONLY:

\_\_\_\_\_ pages at \$ \_\_\_\_\_ = \$ \_\_\_\_\_

\_\_\_\_\_ pages at \$ \_\_\_\_\_ = \$ \_\_\_\_\_

\_\_\_\_\_ pages at \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Other \_\_\_\_\_ = \$ \_\_\_\_\_

Total Charge: \$ \_\_\_\_\_

Payment received by: \_\_\_\_\_

Public Records Custodian

Date