



PUBLIC RECORDS REQUEST FORM

(Requestors are not required to complete this form)

Date of Request: _____

Requestor's Name*: _____

Company/Organization*: _____

Address*: _____

City/State/Zip*: _____

Telephone No.*: (____) _____ Fax No.*: (____) _____

Email*: _____

In the space below, please provide specific details about the records you are requesting, such as subject, time frame, locations, etc. Please also indicate whether you are requesting to inspect records or to receive copies of records. If requesting copies of records, please indicate how you would like to receive them. You may write on the back of this form or attach an additional sheet if needed.

**Please send completed form via
mail, email, fax, or in-person to:**

**Records Custodian
Ashtabula County District Library
4335 Park Avenue
Ashtabula, OH 44004
Telephone: (440) 990-2323
Fax: (440) 998-1198
Email: PublicRecords@acdl.info**

*** PLEASE NOTE:** This Public Records Request Form is provided to increase the efficiency of the Public Records Request process. However, use of this form to make a public records request is NOT required, and you may choose to make a public records request by contacting the Records Custodian whose contact information is included in this form. Please also note that you are NOT required to provide your name or contact information in order to make a public records request. Please contact the Records Custodian with any questions.