

**MAYFIELD VILLAGE REQUEST FOR PUBLIC RECORDS
PURSUANT TO OHIO PUBLIC RECORDS ACT (ORC 149.43)**

Any person may make a request for public records by phone, in person, by email, by letter, or by utilizing this request form. I understand that I am not required to disclose my identity and do so voluntarily to facilitate my request.

Date of Request: _____

Records requested by: _____

Mailing address: _____

Telephone Number(s): _____ Email: _____

Records Requested: Incident Report # _____ Crash Report# _____ Other _____

I understand that the records requested must actually exist and that Mayfield Village has no duty to create records to respond to my request. I further understand that my request must be specific enough for Mayfield Village to be able to reasonably identify the records.

(use back or provide additional sheets, if necessary)

Method of Delivery:

I choose the following method of delivery of the requested records and understand that I may change the method of delivery after being advised of the number of responsive documents:

- I will inspect the records at the Village's offices at an agreed time during regular business hours, free of charge, except with respect to dash camera, body camera or other video records.
- I request paper copies by mail or I will pick up. I understand that the first 20 pages are free of charge and additional pages are \$.05 for b/w copies and \$.10 for color copies, payable in advance.
- I request that electronic copies be sent via email.
- If documents are provided on a flash drive or other device, excluding body camera or dashboard camera video, I agree to pay the actual cost of the device in advance.
- If dash camera, body camera or other video is inspected or provided, I agree to pay the estimated actual costs, prior to production of the video, and up to twenty percent (20%) more based upon the actual total cost, upon production of the video at the rate of \$75.00 per hour with a maximum amount of \$750.00 per video.

Mayfield Village Use: Date of Request: _____ Date of Response _____ #of Documents: _____

Amount Received: _____ Cash Check CCard Signature: _____