



**CITY OF BELLBROOK
PUBLIC RECORDS REQUEST FORM**

REQUEST INFORMATION

Date of Request: _____

Subject of Request: _____

Information Requested (please be as specific as possible to expedite your request):

How would you like to receive the documents (circle one):

Pickup Review onsite Email: _____

Fax: _____

Mail: _____

*Please note that depending on the size and format of your request, there may be a fee associated. You will be contacted and informed of such fee if applicable.

REQUESTOR INFORMATION

NAME _____ PHONE _____

ADDRESS _____ CITY/STATE/ZIP _____

FOR OFFICE USE ONLY

Date received: _____

Date fulfilled: _____

Fulfilled by: _____

Fee: _____ Paid by: _____