

AKRON MUNICIPAL COURT

PUBLIC RECORDS REQUEST FORM

The Akron Municipal Court is dedicated to providing the highest quality of customer service in accordance with the Ohio Public Records Act. Your request is not required to be in writing, nor is it required that your name or intended use of the requested records be disclosed. The information contained on this form is solely intended to enhance our ability to respond to your request in a timely and reasonable manner. The Court is not required to create records to meet public records requests, but will prepare and make available those records which do comply with your request. If we cannot reasonably identify which public records you are requesting, you may revise your request and we will explain to you the manner in which the court records are maintained.

Your request may be faxed to (330) 375-2303 or mailed to Court Administration, 217 South High St. Suite 713, Akron Ohio 44308

To be completed by Court Administration or other designated staff if not completed by the requestor based on the nature of the request.

Name of Requester:

Email Address:

Street Address:

Phone Numbers: (please indicate cell, landline or pager)

INFORMATION REQUESTED: Please be specific. Records sought must be identified with sufficient clarity for a response in a reasonable time.

Type of Record Requested: Relevant Date(s)

Description:

For additional space, please use the reverse side of this form.

\* To Be Completed By Court Administration or Other Designated Staff

Date Requestor Notified by: via: (Designated Staff) (Phone #, mail, email)

Date Response Mailed, Picked up or Inspected (Circle one)

Total Cost \$ including actual postage cost of \$

Number of Copies Requested @ \$.05 per page

Copies of Other Materials @ \$