



City of Seven Hills Ohio

7325 SUMMITVIEW DRIVE • SEVEN HILLS, OHIO 44131 • PHONE 216/524-4421

PUBLIC RECORDS REQUEST

Note to requester: Retain a copy of this request for your files. If you eventually need to file a Request for Review with the Court of Claims, you will need to submit a copy of your public records request.

Date requested: _____

Request submitted by: _____ E-Mail _____ U.S. Mail _____ Fax _____ In Person

Name of requester _____ or Anonymous * _____

Street Address _____

City/State/County/ZIP (required) _____

Phone (optional) _____ Fax (optional) _____

E-Mail (optional) _____

Record(s) requested. (You may attach additional pages, if necessary): **

Do you want a copy of the requested Public Record(s)? *** _____ Yes _____ No

If Yes, choose the media you wish: _____ Digital PDF -or- _____ Paper

How do you want to receive the Public Records you're requesting?

_____ E-Mail _____ U.S. Mail*** _____ Fax _____ In Person

Please submit this form along with any additional information to

**The Office of the Mayor
7325 Summitview Drive
Seven Hills, OH 44141**

E-Mail: kholland@sevenhillsohio.org | Fax: 216.524.0523

*** See attached information sheet regarding anonymous Public Records Requests.**

**** See attached information sheet to be certain your request meets the definition of Public Records.**

***** There may be a fee for some services. Please see the attached information sheet.**