



City of Warrensville Heights Mayor Bradley D. Sellers

Public Records Request Form

Date:	
Requester's Name:	
Company:	
Address:	
City/State/Zip:	
Telephone No.:	
Fax No.:	
Email:	

The City provides this Public Records Request Form for management and efficiency of the Public Records Request process, in an attempt to avoid delays and confusion. However, a written request for records is not mandatory and you may decline to identify yourself. If you do not want to make a written request, or do not want to reveal your identity, please call the City of Warrensville Heights at 216-587-6500. If you choose to use this form, please provide specific details about what you are requesting, including time frame, locations, etc. (if applicable). You may write on the back of this form or attach a separate letter if necessary. Thank you.

Please send form via mail, email or fax to:

Mail: Law Dept. - Public Records Request
City of Warrensville Heights
4743 Richmond Rd.
Warrensville Hts., Ohio 44128

Email: info@cityofwarrensville.com
Fax: (216) 587-6591

For Office Use Only:

Received by: _____

Date: _____

Mail Email Fax