# THE CITY OF ST. CLAIRSVILLE
# OHIO FREEDOM OF INFORMATION REQUEST FORM

While the City is not allowed to require you to use this form according to the Ohio Public Records Act, we are allowed and require that all requests be made in writing. Using this form will expedite your request.

## Instructions:

1. Complete all sections of the form.
2. Submit the form via mail, email, or in person to the following address:

**Municipality Address**: 100 North Market Street, St. Clairsville, Ohio 43950
**Email:** Scott Harvey sharvey@stclairsville.com; cc: Elaina Moscato emoscato@stclairsville.com
**Office Hours**: Monday to Friday: 8:30 AM to 4:30 PM

## Requester Information:

- Full Name: _____
- Address: _____
- City, State, ZIP Code: _____
- Email Address: _____
- Phone Number: _____
- Date: _____

## Description of Requested Information:

*Please provide a detailed description of the records you are requesting. Be as specific as possible to help us locate the information.*

• Subject Matter: _____

• Date Range: _____

• Type of Records (e.g., emails, reports, meeting minutes, etc.): _____

_____

• Additional Details: _____

## Preferred Format for Receiving Information:

• ☐ Electronic (Email)
• ☐ Paper Copies
• ☐ Other (Please specify): _____

## Purpose of Request (Optional, although required under special circumstances):

Providing the purpose of your request is optional, but it can help us process your request more efficiently. If the City determines that the information you are requesting is considered sensitive or exempt under the Ohio Public Records Act, we will require that you disclose the purpose of your request.

_____

_____

_____

_____

## Signature:

• Requester Signature: _____ • Date: _____

_____

### For Office Use Only:

- **Date Received:** _____
- **Request Number:** _____
- **Assigned To:** _____
- **Response Due By:** _____
- **Notes:** _____