



# CITY of CANFIELD

104 LISBON STREET  
CANFIELD, OHIO 44406-1416

Submit this request to:  
[PublicRecordsRequests@canfield.gov](mailto:PublicRecordsRequests@canfield.gov)



## PUBLIC RECORDS REQUEST FORM

This form is intended to help Staff facilitate your request for public records.

The Requestor's refusal to complete this form does not impair the requestor's right to inspect and/or receive copies of the public record as provided under O.R.C. 149.43(B)(5).

NAME (OPTIONAL):
ADDRESS (OPTIONAL):
PREFERRED METHOD OF CONTACT <input type="checkbox"/> <b>PHONE:</b> _____ <input type="checkbox"/> <b>FAX:</b> _____ <input type="checkbox"/> <b>EMAIL:</b> _____
PREFERRED METHOD OF DELIVERY <input type="checkbox"/> <b>PICK-UP</b> <input type="checkbox"/> <b>FAX:</b> _____ <input type="checkbox"/> <b>EMAIL:</b> _____
DATE & TIME OF REQUEST:
DEPARTMENT OF RECORD <input type="checkbox"/> <b>CITY ADMIN</b> <input type="checkbox"/> <b>POLICE</b> <input type="checkbox"/> <b>MAYOR'S COURT</b> <input type="checkbox"/> <b>OTHER:</b> _____
INFORMATION REQUESTED (Please be as specific as possible): _____ _____ _____ _____ _____
<b>FOR OFFICE USE ONLY:</b> (IF APPLICABLE) NAME OF EMPLOYEE COMPLETING FORM: _____