

Request for Public Records

Date: _____

Name of requesting Party: _____

Street Address: _____

City

State

Zip Code

Information Requested: _____

In what format would the requester like the records produced? Paper Electronic PDF

How would the requester like to receive the records? Mail In person Email

Email address: _____

Signature of Requesting Party: _____

Request for Public Records should be mailed to Miami Metropolitan Housing Authority, Attn: Public Records Custodian, 1695 Troy-Sidney Rd. Troy, Ohio 45373

MMHA USE ONLY:

_____ pages at \$ _____ = \$ _____

_____ pages at \$ _____ = \$ _____

_____ pages at \$ _____ = \$ _____

Other _____ = \$ _____

Total Charge: \$ _____

Payment received by: _____

Public Records Custodian

_____ Date