

**Village of Arcanum
1 Pop Rite Drive
Arcanum, Ohio 45304
Phone: 937-692-8500 Fax: 937-692-5163**

Public Records Request

Record Requested:

Name of Requester: _____

Phone No.: _____

Date of Request: _____

Signature of Requester

Village of Arcanum Response:

- Your request has been received and is being processed. You will be contacted When items are ready for pickup.
- The records you requested is attached. Number of copies ___ x .05 Cents = _____
- We are unable to provide documents due to no such records as requested. Please be more specific in your request.
- We are unable to provide documents due to no such records as requested. Please be more specific in your request.
- The record you have requested is exempt from disclosure under Ohio law. Please see the attached explanation.
- We do not have the record you have requested.
Explanation: _____

Village of Arcanum Remarks:

Signature/Title of Village Official: _____

Date: _____

For Village use only:

Received by: _____ Date: _____

Fee amount due: _____ Date fee received: _____ Receipt No.: _____

Duties Regarding Inspection and Requests for Copies:

Once a member of the public has expressed an interest in inspecting or requesting copies, a public office has two basic duties under the public records law: to provide (1) prompt inspection of public records, and (2) copies within a reasonable period of time, if requested. These duties and processes are defined and will be followed in accordance with the Ohio Revised Code §149.43.

This form should be mailed or brought to:

Village of Arcanum
1 Pop Rite Drive
Arcanum, Ohio 45304