

V I L L A G E O F  
**ARCANUM**

309 South Albright Street  
Arcanum, OH 45304  
Phone: 937-692-8500 Fax: 937-692-5163

**Public Records Request**

Record(s) Requested: \_\_\_\_\_

Name of Requester: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Date: \_\_\_\_\_

**Village of Arcanum Response:**

- { } Your request has been received and is being processed. You will be contacted when the items are ready for pickup.
- { } The records you requested are attached. Number of copies \_\_\_x .05 Cents = \_\_\_\_\_
- { } As requested, no such records exist or your request is too broad. 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: \_\_\_\_\_

*In exchange for the inspection and/or release of the information identified above, the undersigned individual/organization agrees to indemnify and hold harmless the Village of Arcanum and its officials for any and all liability directly or indirectly arising from the inspection and/or release of said public records.*

\_\_\_\_\_  
Signature of Requestor

**For Village use:**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Amount Due: \_\_\_\_\_ Payment Date: \_\_\_\_\_ Receipt No.: \_\_\_\_\_

Additional Notes: \_\_\_\_\_