



www.villageofwaynesville.org Phone 513-897-8015 Fax 513-897-2015

REQUEST FOR RECORDS

Name:	:	
Addres	ss:	
City:	State:Zip:	
Phone:	e: (Day)(Evening)	
Email:	·	
Department or Organization:		
1.	Record(s) Requested:	
2.	Pick up Record(s): Mail Record(s): (Add'l postage fee) Email: _	
3.	Desired Media*: Paper (8 ½" x 11"): Paper (8 ½"x14"):	
	USB Drive: PDF (emailed)	
*Available media varies from record to record. Records are available only on the media types created through the normal operations of the Village of Waynesville. Paper records are, therefore, not always available electronically. Records are available at the cost assigned to each media type per the current Schedule of Fees and Charges. Prepaymen required for large requests. Should you have any questions or concerns, please contact Clerk of Council at (513) 897-8015.		
Signatu	ture:Date:	
	OFFICE USE ONLY	
Date & 1	Time Request:Prepaid: Yes/No Amount Due: \$	
Date & 1	Time Request Made Available:Receipt No.:	
Date & 1	Time Picked Up, Mailed, or Emailed: Initials:	