



**City of Pataskala
Public Records Request
Form RC 100**

While not mandatory, if you fill out this form it will help us provide the public records you are requesting in a more timely fashion.

Name of Requestor	
Street Address	City, State Zip
Phone Number	Today's Date
<p>With as much specificity as possible, please describe what records you want to review. PLEASE PRINT.</p>	
<p>City of Pataskala provides photocopies of public records according to the following schedule: Five cents for each copy. All requests require advance payment. Mailing charges are assessed at actual cost. There is no charge to inspect records while in City of Pataskala buildings. Please check your preference below.</p> <p style="margin-left: 40px;">I would like to inspect these records in the building when they are ready.</p> <p style="margin-left: 40px;">I would like these records copied, and I will pick them up when they are ready.</p> <p style="margin-left: 40px;">I would like these records copied and mailed to me at the address on this form.</p>	
Name of City of Pataskala employee handling request	Date request was completed