

MONCLOVA TOWNSHIP REQUEST FORM FOR PUBLIC RECORDS *

DATE REQUEST FORM TURNED INTO MONCLOVA TOWNSHIP: _____

INDICATION FROM TWP. PERSONNEL RE: PICK UP DATE: _____

NAME: _____

COMPANY/BUSINESS, IF APPLICABLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____ FAX, IF AVAILABLE: _____

MATERIAL REQUESTING:

PAPER DOCUMENTATION-DESCRIBE: _____

MINUTES TO PUBLIC MEETINGS: SPECIFY DATE(S) OF MEETING
 BOARD OF TRUSTEES _____
 ZONING COMMISSION _____
 BOARD OF ZONING APPEALS _____

AUDIO COPIES OF PUBLIC MEETINGS: SPECIFY DATE(S) OF MEETING
 BOARD OF TRUSTEES _____
 ZONING COMMISSION _____
 BOARD OF ZONING APPEALS _____

REQUESTING TO LISTEN TO AUDIO OF A PUBLIC HEARING AT ADMINISTRATION BUILDING,
4335 ALBON ROAD. SPECIFY MEETING AND DATE: _____
ADMINISTRATIVE PERSONNEL WILL MAKE CONTACT AND SET AN APPOINTMENT.

INFORMATION WAS PROVIDED:
___ BY MAIL ___ ELECTRONICALLY ___ IN PERSON ___ FACSIMILE

IF COPIES ARE TO BE MADE, COMPLETE THE FOLOWING:

AMOUNT DUE: _____ NOTIFIED REQUESTER ON: _____

DATE INFORMATION WAS PICKED UP: _____ HOW PAID: ___ cash ___ check

INDIVIDUAL THAT PICKED UP INFO (TO VERIFY TRANSACTION) _____

HOW MANY PAGES WERE COPIED/PREPARED, DESCRIBE PAPERWORK: _____

* INFORMATION IS REQUESTED, NOT MANDATORY; A RECEIPT FOR MONIES RECIEVED IS DERIVED FROM THIS FORM FOR THE BENEFIT OF THE CLERK'S OFFICE.

INFORMATION MUST BE PICKED UP WITHIN FOURTEEN CALENDAR DAYS AFTER BEING CONTACTED BY TOWNSHIP PERSONNEL.