

**MONCLOVA TOWNSHIP REQUEST FORM FOR PUBLIC RECORDS \***

REQUEST RECEIVED BY MONCLOVA TOWNSHIP ON: \_\_\_\_\_ (DATE)

INDICATION FROM TWP. PERSONNEL RE: PICK UP DATE: \_\_\_\_\_

NAME (optional): \_\_\_\_\_

COMPANY/BUSINESS, IF APPLICABLE (optional): \_\_\_\_\_

ADDRESS (optional): \_\_\_\_\_

CITY (optional): \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER (optional): \_\_\_\_\_ FAX, IF AVAILABLE: \_\_\_\_\_

A source of contact is requested

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.

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INFORMATION WAS PROVIDED: (check one)

- BY MAIL
- ELECTRONICALLY
- IN PERSON signature: \_\_\_\_\_
- FACSIMILE

**IF COPIES ARE TO BE MADE, COMPLETE THE FOLLOWING:**

AMOUNT DUE: \_\_\_\_\_ NOTIFIED REQUESTER ON: \_\_\_\_\_

DATE INFORMATION WAS PICKED UP: \_\_\_\_\_ HOW PAID: \_\_\_ cash \_\_\_ check

INDIVIDUAL THAT PICKED UP INFO (OPTIONAL TO VERIFY TRANSACTION) \_\_\_\_\_

HOW MANY PAGES WERE COPIED/PREPARED, DESCRIBE OUTPUT WORK: \_\_\_\_\_

\* INFORMATION IS REQUESTED, NOT MANDATORY; TOWNSHIP PERSONNEL MAY FILL OUT FORM TO FULFILL RECORDS REQUEST DOCUMENTATION