

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.

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