PUBLIC RECORD REQUEST

The City of Orrville acknowledges that it maintains many documents and records that may be subject to inspection and/or reproduction. The City will make available to the public all information not exempted from disclosure by the laws of the State of Ohio and any other appropriate law or ruling.

In order to evaluate your request for a public record, you are asked to complete this form. **It is not mandatory to do so**, but it will help the City process your request. Payment shall be made prior to the records being copied. The City will provide you with all information not exempted by law within a reasonable time. Completed forms may be returned to webmaster@orrvilleoh.gov, dropped off at City Hall or mailed to 207 N. Main St., Orrville, OH 44667.

The reproduction and copying fees are as follows:

- There will be no charge for the first through twentieth copy up to 11x17 in size.
- For twenty-one or more copies, there is a fee of $.05 per page up to 11x17 in size. Two sided copies will be charged at a rate of $.05 per sheet.
- Records larger than 11x17 in size will be charged at actual cost of paper, supplies, or outside vendor fees.
- Downloaded computer files to a USB drive is $3 per USB drive. Other electronic media will be charged at the actual cost of materials, supplies, or outside vendor fees.
- The charge for police department accident reports shall be $4.00. The cost for photographs shall be in addition to the $4.00 above.
- The charge for the production of video footage from body-worn cameras, dash-mounted cameras, or surveillance cameras is $75 per hour of video footage produced, with a maximum charge of $750 per video.
- If documents are to be mailed, the requestor shall pay the actual cost of the postage and mailing supplies. This cost shall be paid prior to mailing of the documents.
- There shall be no cost for inspecting records, other than video footage that needs to be reviewed for redaction.

NAME (optional)_____ PHONE (optional)_____

ADDRESS (optional, unless mailed)_____

CITY, STATE, ZIP (optional, unless mailed) _____

Email Address (optional) _____

Please specifically describe the information that you are requesting:

_____

Date and Time Received _____ Staff Initials _____

Information Provided and Date. Attach copy to this form if redacted.

City Personnel Completing: _____ _____ _____

Name Date Time