

Office U	SE ONLY	☐ PAID
Date Received:	Staff Initials:	

PUBLIC RECORD REQUEST

APPLICANT INFORMATION				
Applicant's Name: (Individual or Organization)				
Mailing Address:				
Phone(s):		Email:		
Contact person's name: (If an organization is requesting the records.)				
Email:		Phone:		
Mailing Address:				
PROPERTY INFORMATION				
Address: (The address in which you are requesting records for.)				
Description of records you are requesting: (Failure to adequately describe the records may result in a delay.)				
Reason for request:				
Please check one:				
□ Paper copies				
☐ Email of PDF				
Fees:				
8.5×11 B&W: \$0.05 per page	11×17 B&W: \$0.25	5 per page	24x36 B&W: \$5.00 per page	
8.5×11 Color: \$0.25 per page	11×17 Color: \$0.5	50 per page	24x36 Color: \$10.00 per page	
Note: Some requests can take up to 30 days to fulfill, as materials may be located in offsite storage.				
The undersigned hereby accepte obligation to pay applicable for a few service of vacceds vacceds and that we				
The undersigned hereby accepts obligation to pay applicable fees for copies of records requested and that no copies be shall returned for credit.				
Signature of Applicant:			Date:	

Application continues on reverse side of page: →

Phone: 330-726-4181

FORMS OF PAYMENT ACCEPTED:

- Exact cash
- Check (Make payable to Boardman Township)
- Credit (Visa, MasterCard, or Discover)
 (Note: If you pay via credit or debit card, your statement will include a separate 2.95% or \$2.50 minimum service fee with this transaction. This fee is assessed by the credit card processor, not the Township)

PLEASE MAIL COMPLETED APPLICATIONS TO:

Boardman Township Zoning Department 8299 Market Street Boardman, Ohio 44512

OR EMAIL:

Julie Pitzer at Jpitzer@Boardmantwp.com

REVISED: 1/15/2020

Phone: 330-726-4181