

## VILLAGE OF MINERVA PUBLIC RECORDS REQUEST

Date of in-person, verbal, written, or email request received: \_\_\_\_\_  
(date stamp written requests)

Name of Requester (OPTIONAL): \_\_\_\_\_

Address (required for mail): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (optional): \_\_\_\_\_ Email (optional): \_\_\_\_\_

Description of records requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Desired format (paper, electronic, etc.) Please note that we can only give the formats in which our records are created: \_\_\_\_\_

Method of delivery – please circle:

- In person
- Standard Mail
- Email
- Other: \_\_\_\_\_

Please remit all forms to:

Patti Willoughby  
Village of Minerva, 209 N. Market St., Minerva, OH 44657  
Phone: 330-868-7705 ext 151  
Email: pattiw@ci.minerva.oh.us