



City of Hilliard

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CITY OF HILLIARD
PUBLIC RECORDS REQUEST FORM
(YOU ARE NOT REQUIRED TO FILL OUT THIS FORM)

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **Email Address:** _____

Date of Request: _____

Information Requested: _____

Requestor's signature Date



FOR INTERNAL USE ONLY

Date documents provided to requestor: _____

Method of delivery: _____

Staff person that provided documents to requestor: _____