

Information Request Form

Geauga County Archives & Records Center

To Be Filled Out By Patron:

Date: _____ Time: _____

Name: _____ Department: _____

Phone #: _____ Ext: _____ Fax#: () _____

Address: _____

Email: _____

To Be Filled Out By Records Staff:

Record(s) Needed By (Date & Time): _____ Request Received By: _____

Records Requested:	File Location:	✓If Viewed at RC: <small>(Request Considered Completed if all files on form were viewed at RC)</small>	Date File Returned: <small>(Request Considered Completed If all files on form have been returned)</small>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Original: _____ File: _____ # of copies made: _____ Amount paid: \$ _____ Receipt #: _____

Comments: _____

Records Retrieved By: _____ Date Retrieved: _____ Time Spent: _____

Request Sent by: _____ Fax: _____ # of Pages Faxed: _____
 Mail: _____ # of Pages Copied and Amount Billed: _____ \$ _____

Hand Delivered by Staff: yes / no Delivered By: _____ Date: _____ Time: _____

When originals are released, the person obtaining or delivering the original document(s) must sign this form below. This request is being made in accordance with the Ohio Public Records statute R.C. 149.43. Signature implies strict accordance with the rules and regulations of the Geauga County Archives and Records Center, the Ohio Revised Code, and record handling stipulations. Any damage or defacement of county records will not be tolerated.

X: _____ **Date:** _____