



Don Schonhardt, Mayor

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PUBLIC RECORDS REQUEST FORM

You are not required to fill out this form but it will assist us in expediting your request.

Date of Request: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Information Requested: _____

Requestor's Signature

Please return completed form to Records Commission Secretary, Kelly Clodfelder
(kclodfelder@HilliardOhio.gov)



For Internal Use Only

Date documents provided to requestor: _____

Method of delivery: _____

Staff person(s) that provided documents to requestor: _____