



# City of Mentor-on-the-Lake

## Request for Public Records

Date: \_\_\_\_\_

Name of Requesting Party (Optional) \_\_\_\_\_

Street Address \_\_\_\_\_

Information Requested:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What format would the requester like the records produced: \_\_\_\_\_ PAPER \_\_\_\_\_ PDF

How would the requester like to receive the records: \_\_\_\_\_ Mail \_\_\_\_\_ In Person \_\_\_\_\_ Email

Email Address: \_\_\_\_\_

Signature of Requesting Party (Optional) \_\_\_\_\_

Request for public records should be mailed to City of Mentor-on-the-Lake, Attn: Administrative Director, 5860 Andrews Road, Mentor on the Lake, Oh 44060

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Office use only:

Charges:

\_\_\_\_\_ pages at \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Other \_\_\_\_\_ = \$ \_\_\_\_\_

Total Charge: \$ \_\_\_\_\_

Payment Received by: \_\_\_\_\_ Date: \_\_\_\_\_