



Village of Versailles
177 North Center Street
PO Box 288
Versailles, OH 45380
Phone: 937-526-3294 Fax: 937-526-9348

Public Record Request

Requester and Record Identification:

Name of Requester	Address	Phone Number
-------------------	---------	--------------

Date of Request: _____

Description of Record:

Signature of Requester

Village of Versailles Response:

- Your request has been received and is being processed. You will be contacted when items are ready for pickup.
- The record you requested is attached. Number of copies _____ x \$.025 = _____
- We are unable to provide documents due to no such records as requested. You may be more specific in your request.
- The record you have requested is exempt from disclosure under Ohio law. Please see the attached explanation.
- We do not have the record you have requested.

Village of Versailles Remarks:

Signature of Village Official

Title

Date

For Village use only:

Request received by: _____ **Date:** _____

Action assigned to: _____ **Request Date:** _____

Fee amount due: \$ _____ **Date fee received:** _____

Village Policies

1. This form is not intended to preclude verbal responses to routine requests for record.
2. The Fiscal Officer is the individual being primarily responsible for receiving and acting on requests of all public records pertaining to the village. In the absence of the Fiscal Officer, the President of Council may oversee record requests.
3. The Village Attorney may have to be contacted in regards to confidential records. This list may include, but are not limited to: medical records, employee files, litigation documents, etc.
4. This policy does not cover Police Department records.

**This form should be mailed or brought to:
Versailles Administrative Offices
177 North Center Street
Versailles, OH 45380**