



**MAHONING VALLEY SANITARY DISTRICT
PUBLIC RECORDS INSPECTION AND COPY REQUEST FORM**

I, _____,
Name, Address and Telephone Number of Requesting Party

do hereby request the Secretary of the Mahoning Valley Sanitary District, who is the custodian of records for the MVSD, on _____ to provide for inspection and/or a copy or other reproduction of
Date

certain public records(s) specified below: [indicate with specificity the record(s) you wish to have copied or reproduced.]

Please indicate whether the record(s) is (are) to be _____ mailed _____ picked up _____ emailed

You may forward your request either by:

Regular U.S. Mail: MVSD, Attn: Secretary/Records Custodian, P.O. Box 4119, Youngstown, Ohio 44515-0119; Email: info@meanderwater.org; or Facsimile: 330-652-6293.

Once your request is received, you will receive a confirmation from the Secretary/Records Custodian which will include the approximate time of receipt, delivery to you, and the costs associated with preparation of the documents.

DISCLAIMER

This office will make every effort to make records available in electronic format. However, in some circumstances this will not be possible.

FOR MVSD USE ONLY

No. of Copies _____ Amount charged _____ Date provided _____