

**COLUMBUS METROPOLITAN HOUSING AUTHORITY
(CMHA)**

Ohio Public Records Request

While not mandatory, if you fill out this form it will help us provide the public records you are requesting *in a more timely fashion*.

Name of Requestor	
Street Address	City, State, Zip Code
Telephone Number	Today's Date
With as much specificity as possible, please describe what records you want to review. PLEASE PRINT.	

Copies are \$.09 cents per page, if copied by CMHA or the amount charged to CMHA by a commercial reproduction company. All requests require advance payment. Mailing charges are assessed at actual cost. There is no charge to inspect records. Please check your preference below.

- I would like to inspect these records in the building when they are ready.

- I would like these records copied and I will pick them up when they are ready.

- I would like these records copied and mailed to me at the address on this form.

Name of employee handling request	Date request was completed
-----------------------------------	----------------------------