

TUSCARAWAS COUNTY METROPOLITAN SEWER DISTRICT
Public Request Form

A copy of this form is to be retained with all Public Records Requests; however, the requestor is not required to submit the request in writing

Date Request Received: _____

Date of Response: _____

Name of Requesting Person or Entity: _____

Description of Records Requested:

Records Released: ☐ Yes ☐ No

Exemption/Redaction: ☐ Yes ☐ No

Legal Authority for Exemption/Reduction: _____

Name of Person Fulfilling Request: _____