

Website: www.swancreektwp.org

**5565 County Road D,**

**Delta, Ohio**

**43515**

**Phone: 419-822-4371**

**BOARD OF TRUSTEES**

**TRAVIS WEIGEL 419-270-2847**

**RICK KAZMIERCZAK 419-708-6290**

**PHIL WILAND 419-822-3897**

**RECORDS REQUEST**

**\*\*Copy charges $.10 per page after the first 5 pages, Resolution #04-210**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**RECORDS REQUESTED – BE SPECIFIC. INCLUDE DOCUMENT**

**TITLE, DATE OF DOCUMENT & NUMBER OF COPIES NEEDED:**

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**\*\*\*Submit Form to: Swancreek Township Records Officer**

**----------------------------------------------------------------------------------------------**

**For office Use**

**Date Received: \_\_\_\_\_\_\_\_\_ Paid: \_\_\_\_\_\_\_\_\_**

**Date Completed: \_\_\_\_\_\_\_\_\_ Receipt # \_\_\_\_\_\_\_\_\_**

**Delivery Method: \_\_\_\_\_\_\_\_\_ Format of Record: \_\_\_\_\_\_\_\_\_**

**SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This form is not required.**

**This form is requested to better serve your records request, with a clear understanding of the**

**details of your request.**