CONCORD TOWNSHIP
PUBLIC RECORDS REQUEST FORM

(Form is Optional)

Date of Request: _____

Name (Optional): _____

Address (required for mail): _____

City: _____ State: _____ Zip Code: _____

Phone (optional): Home: _____ Cell: _____

Email (optional): _____

Method to Receive Records (check one): ☐ Email ☐ Mail ☐ Review in Person ☐ Other

Request Format of Records (check one): ☐ Electronic ☐ Paper ☐ Other

Detailed Description of Records Requested:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Send Completed Form To:

Andy Rose, Administrator
Concord Township
7229 Ravenna Road
Concord Township, OH 44077
Email: arose@concordtwp.com
Phone: (440) 354-7513
Fax: (440) 354-7511