



# 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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Send Completed Form To:**

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