Chillicothe & Ross County Public Library Public Records Request Form

Instructions for Requester:

Complete Sections 1 through 5 as applicable and submit to any library staff member or via email or postal mail to: cstout@crcpl.org or PO Box 185, Chillicothe, OH 45601

3. Address (required for mail): City, State, Zip Phone or Email (optional): 4. Description of Records Requested:	1.	Date in-person, verbal, written, or email request submitted:	
3. Address (required for mail): City, State, Zip Phone or Email (optional): 4. Description of Records Requested:			
3. Address (required for mail): City, State, Zip Phone or Email (optional): 4. Description of Records Requested:			
3. Address (required for mail): City, State, Zip Phone or Email (optional): 4. Description of Records Requested:	2.	Name of Requester (only if voluntarily provided: requests can be under pseudonym or anonymous):	
City, State, Zip Phone or Email (optional): 4. Description of Records Requested:		Traine of Requester (only it voluntarily provided, requests can be under pseudonym of unonymous).	
City, State, Zip Phone or Email (optional): 4. Description of Records Requested:			
City, State, Zip Phone or Email (optional): 4. Description of Records Requested:			
City, State, Zip Phone or Email (optional): 4. Description of Records Requested:	3.	Address (required for mail):	
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5. Desired Format (paper, electronic, etc.):	4.	Description of Records Requested:	
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	5.	Desired Format (paper, electronic, etc.):	
6. (For Library Use) Date Received, Method of Delivery, & Person Fulfilling Request:			
Received: Method of Delivery: Fulfilled By:	Rece	eived: Method of Delivery: Fulfilled By:	