



Public Records Request Form

Mail To:

Greater Dayton RTA
Attention: Chip Rhodes
600 Longworth Street
Dayton, Ohio 45402

E-Mail To: recordsrequest@greaterdaytonrta.org

Fax: (937) 425-8578

External Use: Person Requesting Public Records Complete This Section														
Date: _____ First Name: _____ Last Name: _____ Street Address: _____ City: _____ State _____ Zip Code _____ E-Mail Address: _____ Phone Number: _____ Fax Number: _____														
Please provide a specific description of the public records requested														
<table border="1"><thead><tr><th colspan="2">For Internal Use Only</th></tr></thead><tbody><tr><td>Date Request Received</td><td></td></tr><tr><td>Date Response Sent</td><td></td></tr><tr><td>Response Sent By</td><td></td></tr><tr><td>Response Provided By</td><td></td></tr><tr><td>Person Receiving Public Record Request (Signature)</td><td></td></tr><tr><td>Date Public Record Received</td><td></td></tr></tbody></table> Employee: Send a copy of this completed Public Records Request Form along with documents to: recordsrequest@greaterdaytonrta.org	For Internal Use Only		Date Request Received		Date Response Sent		Response Sent By		Response Provided By		Person Receiving Public Record Request (Signature)		Date Public Record Received	
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