



# PUBLIC RECORDS REQUEST FORM

(Requestors are not required to complete this form)

Date of Request: \_\_\_\_\_

Requestor's Name\*: \_\_\_\_\_

Company/Organization\*: \_\_\_\_\_

Address\*: \_\_\_\_\_

City/State/ZIP\*: \_\_\_\_\_

Telephone No.\*: (\_\_\_\_) \_\_\_\_\_ Fax No.\*: (\_\_\_\_) \_\_\_\_\_

Email\*: \_\_\_\_\_

In the space below, please provide specific details about the records you are requesting, such as subject, time frame, locations, etc. Please also indicate whether you are requesting to inspect records or to receive copies of records. If requesting copies of records, please indicate how you would like to receive them. You may write on the back of this form or attach an additional sheet if needed.

**Please send completed form via mail, email, fax, or in-person to:**

**Records Custodian  
Cleveland Public Library  
325 Superior Avenue  
Cleveland, OH 44114  
Telephone: (216) 623-2810  
Fax: (216) 623-7015  
Email: [records@cpl.org](mailto:records@cpl.org)**

**\* PLEASE NOTE:** This Public Records Request Form is provided to increase the efficiency of the Public Records Request process. However, use of this form to make a public records request is NOT required, and you may choose to make a public records request to any Cleveland Public Library employee or by contacting the Records Custodian whose contact information is included in this form. Please also note that you are NOT required to provide your name or contact information in order to make a public records request. Please contact the Records Custodian with any questions.