

**COLUMBIANA METROPOLITAN HOUSING AUTHORITY (CMHA)**

**Ohio Public Records Request**

*While not mandatory, completing this form will help CMHA provide the public records requested more promptly.*

*Public Record requests can also be submitted on [www.cmhamove.com](http://www.cmhamove.com) or*

*by telephone to the Deputy Director at 330-386-5970*

Name of Requestor	
Street Address	City
State	Zip Code
Telephone Number	Today's Date
Please describe what records you want to review in detail. PLEASE PRINT	

*Copies are \$ .09 cents per page if copied by CMHA or the amount charged to CMHA by a commercial reproduction company. All requests require advanced payments. Mailing charges are assessed at actual cost. There is no charge to inspect records in person. Please check your preference below.*

- I would like to inspect these records in the CMHA building when they are ready.
- I would like these records copied and I will pick them up when they are ready.
- I would like these records copied and mailed to me at the address on this form.

*CMHA Office Completion:*

Name of employee handling request:	Date request was completed on:
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\*Copy provided to Deputy Director for filing