



Alcohol, Drug Addiction & Mental Health Services Board for Montgomery County  
409 E Monument Avenue \* Suite 102 \* Dayton, Ohio 45402

## Public Records Request Form

**This form is not mandatory. You are not required to make a written request or provide your identity, but this form will help us fulfill your request in a timely manner.**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Please describe what records you would like to review:

### How would you like to view the records?

- Inspect the records in person
- Email me the records at the email address above
- Mail me the records at the address above
- Make a compact disk or paper copies of the records that I may pick up

### Potential costs:

\$.10 per paper copy

\$1 per compact disk

Mailing costs may vary depending upon size and postal rate

Employee Handling Request \_\_\_\_\_ Date Fulfilled \_\_\_\_\_