REQUEST FOR PUBLIC RECORDS
Attachment A

Date: _____

Name of Requesting Party (Optional): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Information Requested: _____

_____
_____
_____
_____
_____
_____

What format would the requester like the records produced: ◯ Paper ◯ Electronic PDF

How would the requester like to receive the records: ◯ Mail ◯ In Person ◯ Email

Email Address: _____

Signature of requesting party (Optional): _____

Request for public records should be mailed to:

Trumbull Metropolitan Housing Authority
Attn: Public Records Custodian
4076 Youngstown Road SE, Suite 101
Warren, Ohio 444484

TMHA USE ONLY:
CHARGES:

_____ Pages at $ _____ = $ _____

_____ Pages at $ _____ = $ _____

Other _____ = $ _____

Total Charges: $ _____

Payment received by: _____ Date: _____
Public Records Custodian