



100 Dayton Street, Yellow Springs, Ohio 45387

YSDC@YSDC.org

www.YSDC.org

Public Records Request Form

Pursuant to Ohio Revised Code §149.43

Date of Request: _____

Requester Information (optional):

Name: _____

Organization: _____

Address: _____

City, State, ZIP: _____

Phone: _____ Email: _____

You are not required to provide your name or contact information to make a public records request. However, doing so may help us process your request more efficiently.

Description of Records Requested

Please describe the record(s) you wish to inspect or receive copies of with as much detail as possible (e.g., type of document, subject matter, date range, department, or specific project).

Preferred Method of Access (check one):

- ☐ Inspect records in person
- ☐ Receive electronic copies (email or download link)
- ☐ Receive paper copies (standard copy fees may apply)

If electronic, please specify preferred format (PDF, Excel, etc.): _____

Delivery Method (if copies are requested):

- ☐ Email to address above
- ☐ Mail to address above
- ☐ Pick up in person

Acknowledgment

YSDC will make public records available promptly and within a reasonable period of time, as required by Ohio law. Certain records may be exempt from disclosure under the Ohio Public Records Act. If any portion of your request is denied, you will be provided with the legal basis for the denial.

Signature (optional): _____

Date: _____

Our mission is to support, incentivize, and attract economic development in Yellow Springs & Miami Township.