

**MENTAL HEALTH RECOVERY BOARD**

**PUBLIC RECORDS REQUEST FORM**

Mental Health Recovery Board Serving Warren and Clinton Counties (MHRB) constantly aims to make available, within a reasonable period of time, its public records properly requested by members of the public. In order to more effectively achieve this goal, the agency makes available this Public Records Request Form to those requesting access to public records from MHRB. Though it is not mandatory that a request be in writing, use of this form provides a record to both MHRB and the requester that a request for specific information was made. Similarly, while a requestor is not required to disclose their identity or the intended use of the information requested, providing such information benefits the requester by enhancing the ability of MHRB to identify, locate, and deliver the public records requested in a prompt and efficient manner. MHRB's employees are not required to compile information or create a record to respond to a request where one does not already exist.

**Public Records Requester Information:**

**First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Company or Organizational Affiliation (if any):** \_\_\_\_\_

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

**Daytime Phone Number :** \_\_\_\_\_ **Other Phone Number:** \_\_\_\_\_

*If you choose not to disclose the information above, please provide some reasonable method by which MHRB may contact you to inform you of the results of your public records request, and a means by which your request may be delivered to you.*

**Alternate Contact Method:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**State specifically, if possible, the exact nature of the public records you are requesting (i.e. file name, fiscal year):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree to hold harmless and indemnify the Board, agency and Executive Director against any and all claims, suits or actions arising from the inspection or release of these records.

\_\_\_\_\_  
Requestor's Signature

**How to submit an official public records request using the Public Records Request Form):**

1. Fill-out as much of the form as possible.
2. Submit the form to MHRB by mail or in person at:

201 Reading Road, Mason, Ohio 45040

Please retain a completed copy of this form for your own records.

**After you have submitted the request:**

You will be notified if any deposit is required from you to begin processing your request and what methods you may use to pay such a deposit. MHRB is permitted to require that requesters pay, in advance, the cost involved in providing paper copies of public records at [\$.10] per sheet, plus postage. Requesters are not charged for any labor costs associated with providing public records. Once the deposit is received, your public records request will be processed as quickly as possible. Requested records will be sent to you via certified mail unless you have arranged for an alternate method of delivery with MHRB.

**If your request is partly or completely denied**, you will receive an explanation or reasons why your request was denied. If your request was denied due to an ambiguous or overbroad request, you will be given an opportunity to revise and provide more specific information by completing a revised public records request. If your request is denied because the items you requested are not public record, you will be given an explanation of the reason(s) that the information you requested is not subject to disclosure.

**NOTICE:**

**Some public records requested may contain information that is exempt from public inspection. This information will be redacted, via black marker, on any copies of records you receive in a manner that should be plainly visible to you.**