



# PUBLIC INFORMATION REQUEST POLICY

Access to information concerning the conduct of the people's business is a right of every person in this state. Records which are not exempt from disclosure under the law, are available for inspection and copying in accordance with the Ohio Public Records Act. Requests for records may be made during regular business hours to:

**City of Lebanon, Ohio**  
**50 South Broadway**  
**Lebanon, OH 45036**  
**513-228-3163**  
**[www.lebanonohio.gov](http://www.lebanonohio.gov)**

You may view the records you have requested at all reasonable times during the regular business hours of this office. If you wish to view public records of our office, we will promptly make them available to you. If you wish to receive copies of records, we will provide them within a reasonable period of time. "Prompt" and "reasonable" take into account the volume of records requested; the proximity of the location where the records are stored; and the necessity for any legal review of the records requested.

Once we have received your request, we will provide our response or acknowledge your request and provide you with: an estimate of when you should expect our response, and estimated cost if copies have been requested, and the items (if any) that we expect may be exempt from disclosure. If at any time prior to completing our response, we believe our response will take longer than initially estimated (because of the volume of records requested; the proximity of location where the records are stored; or the complexity of the legal review); we will inform you of this change.

## It is within your rights not to:

Disclose your identity to the City of Lebanon when you request records (you will be given a "public records request number: which we will use to track our communications with you and our response(s) to your request);

Provide our office with a written request; and

Provide a reason why you have requested these records.

If any portion of your request for records must be denied because the records are exempt from disclosure under the law, we will inform you which records you have requested are not public by clearly marking the portion "redacted" or we will explain which portions of the record(s) have been redacted. In addition, we will provide you with the legal authority upon which we have relied.

Please note that if we have denied your request because it is overbroad, ambiguous, or doesn't reasonable identify our records, we will provide you with information about how our records are maintained and if you wish, you may revise your request for the records.

A fee for copies of public records may be charged which covers the direct costs of duplication incurred by the City of Lebanon; currently this fee is \$.05 per page and \$1.00 per CD-ROM. In addition, actual cost of postage or other delivery may be charged. We may require payment of these fees prior to processing your request. It is the policy of the City of Lebanon to waive charges to a requester for duplication of 20 pages or less per month.

Please contact us with any questions you may have about public records.



# CITY OF LEBANON, OHIO PUBLIC RECORDS REQUEST FORM

Under Ohio law, you are not required to put your request in writing. You are also not required to identify yourself. However, we ask you to provide the information below because it will help us expedite our response to your records request. Please refer to the Public Information Request Policy of the City of Lebanon, Ohio posted on Lebanon's website at: <https://cms8.revize.com/revize/lebanonoh/Government/PUBLIC%20RECORDS%20POLICY%202020.pdf> for additional information.

### 1. NAME OF PERSON REQUESTING RECORDS:

\_\_\_\_\_

### 2. CONTACT INFORMATION FOR PERSON REQUESTING RECORDS:

EMAIL: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### 3. DESCRIBE IN DETAIL THE RECORDS SOUGHT:

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

### 4. WOULD YOU PREFER EMAILED COPIES OR PAPER COPIES, OR DO YOU WANT TO INSPECT THESE RECORDS? (CIRCLE ONE)

EMAIL COPIES      PAPER COPIES (estimated copy cost: \$\_\_\_\_\_)      INSPECT

The charge for paper copies is \$0.05 per page.  
The charge for downloaded computer files to a compact disc is \$1.00 per disc.

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PLEASE DO NOT WRITE BELOW THIS LINE  
\*\*\*\*\*

STAFFER TAKING REQUEST: \_\_\_\_\_

DATE AND TIME OF REQUEST: \_\_\_\_\_

AMOUNT OF MONEY RECEIVED: \$ \_\_\_\_\_

CIRCLE ONE:    CASH      CHECK (No. \_\_\_\_\_)      MONEY ORDER

DATE OF COMPLETION: \_\_\_\_\_

NOTES: \_\_\_\_\_

