

**DARKE METROPOLITAN HOUSING
AUTHORITY REQUEST FOR PUBLIC
RECORDS**

Date: _____

Name of Requesting Party (Optional) _____

Street Address: _____

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 Darke Metropolitan Housing Authority, Attn:
Executive Director, 1469 Sweitzer Street, Greenville, OH 45331*

**DCMHA USE
ONLY: CHARGES:**

_____ Pages at \$ _____ = \$ _____

_____ Pages at \$ _____ = \$ _____

Other _____ = \$ _____

Total charge: \$ _____

Payment received by: _____

_____ **Date**