



BOARD OF LUCAS COUNTY COMMISSIONERS

REQUEST FOR THE INSPECTION/COPIES OF JOURNALS/PUBLIC RECORDS

DATE: _____

NAME (OPTIONAL): _____ PHONE (OPTIONAL): _____

ADDRESS (OPTIONAL): _____

REPRESENTING (OPTIONAL): _____

REQUEST TO INSPECT THE FOLLOWING JOURNAL/PUBLIC RECORDS

REQUEST FOR COPIES OF THE FOLLOWING JOURNAL/PUBLIC RECORDS

PLEASE SUBMIT ALL REQUESTS To THE ATTENTION OF:
LUCAS COUNTY ADMINISTRATOR
ONE GOVERNMENT CENTER, SUITE 800
TOLEDO, OH 43604-2259

OFFICE USE ONLY

NUMBER OF COPIES _____ @ 5 CENTS PER PAGE = _____

PAYMENT RECEIVED BY: _____

DATE: _____