



## INFORMATION REQUEST FORM

The City of University Heights is pleased to make available to the public all information not exempt from disclosure by the General Assembly of the State of Ohio. We will provide you with all non-exempt requested information as soon as possible, upon payment of costs established by City Council. To assist us in evaluating your request, please complete this form in its entirety.

Name (optional) \_\_\_\_\_

Address (optional) \_\_\_\_\_

Date \_\_\_\_\_ Phone # \_\_\_\_\_

➤ Information Requested: *(State as specifically as possible the information you request.)*

Date of Document(s) \_\_\_\_\_

Document Description \_\_\_\_\_

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*Signature (optional)*

**Mailing Address:** Administration Department  
City of University Heights  
2300 Warrensville Center Road  
University Heights, Ohio 44118  
(216) 932-7800 (216) 932-8531 fax

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*For Office Use Only*

Material(s) Released \_\_\_\_\_

Date \_\_\_\_\_ By \_\_\_\_\_

Approved By \_\_\_\_\_