

EXHIBIT "A"



Village of Versailles

Village of Versailles
177 North Center Street
PO Box 288

Versailles, Ohio 45380

Phone: 937-526-3294 Fax: 937-526-9348

Public Record Request

Requester and Record Identification:

Name of Requester

Address

Phone No.

Date of Request: ____/____/____

Description of Record:

(use reverse side if necessary)

Signature of Requester

Village of Versailles Response:

- Your request has been received and is being processed. You will be contacted when items are ready for pickup.
- The record you requested is attached. Number of copies _____ x 25¢ = _____
- We are unable to provide documents due to no such records as requested. You may be more specific in your request.
- The record you have requested is exempt from disclosure under Ohio law. Please see the attached explanation.
- We do not have the record you have requested. _____

