



PUBLIC RECORDS POLICY

Openness leads to a better-informed citizenry, which leads to better government and better public policy. Consistent with the premise that government at all levels exists first and foremost to serve the interests of the people, it is the mission and intent of the Trumbull County Mental Health and Recovery Board to at all times, fully comply with and abide by both the spirit and the letter of Ohio's Public Records Act.

PUBLIC RECORD REQUEST PROCEDURE:

1. The Associate Director of the Trumbull County Mental Health and Recovery Board serves as the Board's Public Records Custodian/Manager. The Associate Director can be reached at (330) 675-2765 or by email at LThorp@TrumbullMHRB.org.
2. Requests to review public records may be made to any Board staff member, which in turn will be forwarded to the Associate Director.
3. On-site review of public records will be made in the presence of the Associate Director, or designee, during normal business hours.
4. Copies of public records may be requested. Copies will be made by Board staff and will be provided to the requestor at a duplication cost of \$.05 per page. The Board will not charge for employee time in gathering or reviewing the records. Full payment must be received before copies are given to the requestor.
5. Mail requests to review public records will be forwarded to the Associate Director or designee.
6. All records will be stamped with TCMHRB on each page to ensure authenticity.
7. The requestor does not need to identify him or herself or explain the intended use of any requested public document. The Associate Director, or designee, cannot deny access due to a requestor's refusal to answer these questions.
8. Questions or complaints about public access to records can be made to the Ohio Auditor of State's Office at (800) 282-0370 or the OGU (Open Government Unit) Director at (800) 345-2519



PUBLIC RECORDS REQUEST FORM

Date of Request: _____

Requestor Information

Name: _____

Organization (if applicable): _____

Mailing Address: _____

Phone Number: _____ **Email Address:** _____

Description of Records Requested

Please describe the records you are requesting with as much detail as possible, including dates, subjects, departments, names, or other identifying information.

Preferred Method of Access

- | | |
|---|---|
| <input type="checkbox"/> Inspect records in person | <input type="checkbox"/> Receive paper copies by mail |
| <input type="checkbox"/> Receive electronic copies by email | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Receive copies on electronic media | _____ |

Time Period Covered by Request

From: _____ **To:** _____

Fees

The agency may charge allowable fees for copying, mailing, media, or other costs permitted by law. You will be notified if estimated costs exceed \$_____ before records are provided.

- I agree to pay applicable fees.
- Please contact me if fees exceed \$_____.

Certification

I understand that this request is for existing public records and that the agency is not required to create new records in response to this request.

Signature: _____ **Date:** _____

FOR AGENCY USE ONLY

Date Received: _____

Request Number: _____

Received By: _____

Disposition:

- Granted in Full
- Granted in Part
- Denied
- No Responsive Records Found

Date Completed: _____

Fees Charged: _____

Comments:
