



Jill A. Thompson

Athens County Auditor

Athens County Auditor Public Records Request Form

Date of Request: _____

Received By: _____

Requestor: _____

Address: _____

Phone: (_____) - _____

Record(s) Requested (Please describe your records request in detail):

Format Requested:

_____ Paper _____ Digital

_____ Other: _____

Receipt Preference:

_____ Pick-up _____ USPS _____ Email _____ Fax

_____ Other: _____

Auditor's Office Use Only

Elected Official Approval: _____

Estimated Cost:	Processing	_____
	Programming	_____
	Material	_____
	Shipping	_____
	Other	_____
	Total	\$ _____

Date Completed: _____

Signature: _____