



Clermont Metropolitan Housing Authority

65 South Market Street | Batavia, Ohio 45103

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www.clermontmha.org

FORM 9.27 PUBLIC RECORDS REQUEST

_____ representing _____
(Print Name of Person Making Request) (Print Name of Organization/Person)

Hereby requests to ___ inspect and/or ___ obtain copies of the following records maintained by Clermont Metropolitan Housing Authority (CMHA):

In exchange for the inspection and/or release of such records, the undersigned individual/organization agrees to indemnify and hold harmless the PHA and its officials of all liability directly or indirectly arising from the inspection and/or release of said information.

Signature Date

OFFICE USE ONLY

_____ Number of pages copied made @ \$.10 total = \$ _____
Payment received by: _____ Date: _____
Copies Sent by: _____ Date: _____
Inspection scheduled for (date) _____

Approved by: _____ Date: _____
Executive Director