

WIOA Ohio Area 8 Local Workforce Development Board

Public Records Request Form

Department of Origin: _____

Person Receiving Request: _____

Date of Request: _____

Method of Request: ☐ Oral ☐ Written

Request for: ☐ Inspection ☐ Copy

Estimated Date of Response: ☐ Immediate

☐ Within Five Days

☐ Outside of Five Days

If Outside of Five Days, Reason:

☐ Voluminous Record

☐ Record Not on Site

☐ Requires Legal Opinion

☐ Requires additional Research

Method of Communicating

Reason for Delayed Response: ☐ Oral at the time of the request

☐ Written Correspondence

Response to Request:

☐ Approved and handled

☐ Additional Time Needed

☐ Denied on Statutory
Authority

Executive Director Signature: _____

Date of Disposition: _____