

**Harrison Township, Licking County, Ohio
Public Records Request:**

Date in-person, verbal, written or email request received
(Date-stamp written requests): _____

Name of Requester (only if voluntarily provided; request can be under a pseudonym or made anonymously):

Address (required for mail): _____

City: _____ State: _____ Zip Code: _____

Phone (optional): _____

Email (optional): _____

Description of records: _____

Desired format (paper, electronic, etc.): _____

Method of delivery (in person or via email, standard mail, etc.):
