

**TUSCARAWAS COUNTY METROPOLITAN SEWER DISTRICT  
PUBLIC RECORDS REQUEST**

Date of Request: \_\_\_\_\_

Name (optional): \_\_\_\_\_

Address (required for mail): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (optional): \_\_\_\_\_ Email (optional): \_\_\_\_\_

Description of records: