

The Maritime Academy of Toledo
Public Records Request

Date that in-person, verbal, written, or e-mail request was received (date-stamp written requests): _____

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

Address (required for mailed returns): _____

City: _____ State: _____ Zip Code: _____

Phone (optional): _____ E-Mail (optional): _____

Description of records: _____

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

Method of delivery (in-person or via e-mail, standard mail, electronic media, etc):
