UNITED STATES OMBUDSMAN ASSOCIATION

ARCHIVES RECORDS REQUEST FORM

DATE REQUESTED: ________________________________

REQUEST SUBMITTED BY: E-MAIL ☐ U.S. MAIL ☐ FAX ☐

NAME OF REQUESTOR: _______________________________________________________

REQUESTOR’S ORGANIZATION: ________________________________________________

STREET ADDRESS: ___________________________________________________________
____________________________________________________________________________

CITY/STATE/ZIP CODE: ________________________________________________________

TELEPHONE #: _______________________________________________________________

EMAIL ADDRESS: ____________________________________________________________

Total number of items requested: _________________

Total amount enclosed: __________________________

Please make checks payable to: United States Ombudsman Association

A NON-REFUNDABLE INITIAL $10 RESEARCH FEE is required with each request. The research fee covers up to $2.50 in postage and handling for mailed requests, as well as the time for the office staff to locate and answer the request (up to ½ hour).

The standard fee for regular and legal size photocopies is $.15 cents per page. This will be charged in addition to the records request fee.

There will be a $5 fee for each additional ½ hour of the office staff’s time for large records requests.

Requests received without payment will be returned unanswered.
Please allow 1–2 weeks for processing from time of receipt of payment.

PLEASE NOTE: The Archives staff does not conduct historical research.

RECORDS REQUESTED:
*Provide as much specific detail as possible so the USOA Archives respond as promptly as possible. List the Box and Folder (or Journal Article) numbers, shortened item title, and date(s) for the items requested.

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Additional Information:

Dayton Joint Office of Citizen Complaints
15 E 4th St., Suite 208
Dayton, OH 45402-2199
Phone: (937) 223-4613
Fax: (937) 228-1183
Email Address: welborn@dayton-ombudsman.org
Website Address: http://www.dayton-ombudsman.org

DATE RECEIVED BY THE AGENCY: ________________________________

PERSON FILLING RECORDS REQUEST: ________________________________