

# Sandusky Township 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: \_\_\_\_\_

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