



TIMOTHY R. RUDD
CLERMONT COUNTY RECORDER

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PUBLIC RECORDS REQUEST

DATE: _____

REQUESTOR: _____

PHONE NUMBER: _____

ADDRESS: _____

TYPE OF RECORD, PAGE RANGE, AND (OR) DATE RANGE:

REQUEST TO BE DELIVERED BY:

E-MAIL ADDRESS: _____

PICK-UP NAME: _____

FAX NUMBER: _____

MAIL ADDRESS: _____

FEES COLLECTED: YES: _____ NO: _____ AMOUNT: _____