



Public Records Request Form
(Form is Optional)

Date of Request: _____

Name (optional): _____

Address (required for mail): _____

City: _____ State: _____ Zip Code: _____

Phone (optional): _____

Email (optional): _____

Method to Receive Records (check one): Email Mail Review in Person Other

Requested Format of Records (check one): Electronic Paper Other

Detailed Description of Records Requested:

Send Completed Form to:

Stephanie L. Hanna, Treasurer/CFO
Edison Local School District
140 S. Main Street
Milan, OH 44846
Email: shanna@edisonchargers.org
Phone: 419-499-3000 x 1162
Fax: 419-499-4859