



**City of Warren, Ohio Public Records Request**  
**Policy Acknowledgment Form**

I, \_\_\_\_\_, the designated records custodian alternate for the \_\_\_\_\_ Department, have read and been informed about the content, requirements, and expectations of the City of Warren, Ohio Public Records Policy. I have received a copy of the policy and agree to abide by all terms contained within.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_