

Joint Committee on Agency Rule Review

Media Request Form

I hereby request permission to record your committee.

Requestor Name

Organization

Request Date

Phone Number

JCARR Meeting Date

Please check all recording methods that apply to this request:

Audio

Photograph

Video

The purpose of my request is:

Please submit completed forms to jcarr1@jcarr.state.oh.us prior to the committee meeting or directly to a JCARR staff member on the day of the committee meeting.

Internal Use Only

Request Approved?

Yes

No

Chair's Signature