



Defiance County General Health District
1300 East Second Street, Suite 100
Defiance, OH 43512

REQUEST FOR VIEWING OR REPRODUCTION OF PUBLIC RECORDS

To assist in fulfilling your request accurately, we ask that you fill out a Records Request Form. Written requests that disclose your identity will not be denied if this information is not provided.

DATE: _____ DEPARTMENT: _____

NAME: _____ PHONE: _____

ADDRESS: _____

ARE YOU SEEKING TO: _____ View public records here after retrieved for you

_____ Have public records reproduced after retrieval so you may take them with you

PLEASE PROVIDE AS DETAILED A DESCRIPTION AS POSSIBLE OF THE PUBLIC RECORDS YOU ARE SEEKING TO VIEW OR HAVE REPRODUCED:

REQUEST HANDLED BY: _____ FEES CHARGED: _____

DATE VIEWING OR REPRODUCTION COMPLETED: _____

MATERIAL PROVIDED TO REQUESTER:

FEES PAID: _____ CHECK # & DRIVER'S LICENSE # _____ CASH _____ DEBIT _____