



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 (If Applicable): \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

ARE YOU SEEKING TO: \_\_\_\_\_ View public records at the Health Department after retrieved for you?

\_\_\_\_\_ Have public records reproduced and sent to you?

Proffered method

To receive materials: \_\_\_\_\_ Email \_\_\_\_\_ Mail \_\_\_\_\_ Fax \_\_\_\_\_ Pick up in person

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

-----Office Use-----

REQUEST HANDLED BY: \_\_\_\_\_ FEES CHARGED: \_\_\_\_\_

DATE VIEWING OR REPRODUCTION COMPLETED: \_\_\_\_\_

MATERIAL PROVIDED TO REQUESTER:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FEES PAID: \_\_\_\_\_ CHECK # & DRIVER'S LICENSE # \_\_\_\_\_ CASH \_\_\_\_\_