



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: _____ COMPANY & 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

ADDRESS FOR RECORDS REQUESTED _____

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 _____