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## Public Records Request

Person Requesting Record: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Requestor Address: \_\_\_\_\_ Email/Fax#: \_\_\_\_\_

How would you like this information provided?  Email  Mail  Pick up at Health Dept.  Fax

Type of Record Requested:

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

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

\*Signature required for release of records.

### For PCHD Use Only

Date Request Received: \_\_\_\_\_ Initials: \_\_\_\_\_

Date Request Fulfilled: \_\_\_\_\_ Initials: \_\_\_\_\_

(copy sent, given to requesting individual, or individual notified document(s) ready for pick-up)

How was information Provided?  Handed to Requestor  Faxed  Mailed  Request Denied (see notes)

List Information Provided: \_\_\_\_\_

\_\_\_\_\_

Notes: \_\_\_\_\_