



256 Williamstown Road
Ottawa, OH 45875
Phone: 419-523-5608
Fax: 567-538-5076

Email: pchd@putnamhealth.com
Website: www.putnamhealth.com

“Working towards a healthy and safe Putnam County”

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:

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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? _____ Request Denied (see notes)

List Information Provided: _____

Notes: _____