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"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	MailPick up at Health DeptFax
Type of Record Requested:	
Signature:	Date:
*Signature required for release of records.	
For PCHD	Use Only
For PCHD Date Request Received:	•
Date Request Received:	Initials:
	Initials: Initials:
Date Request Received: Date Request Fulfilled:	Initials: Initials: ed document(s) ready for pick-up)
Date Request Received: Date Request Fulfilled: (copy sent, given to requesting individual, or individual notifie	Initials: Initials: ed document(s) ready for pick-up)Request Denied (see notes)