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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 ☐ Mail ☐ Pick up at Health Dept. ☐ Fax

Type of Record Requested:

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

**\*Signature required for release of records. To add a signature, click on **FILL & SIGN**. Click on **SIGN**, then **ADD SIGNATURE**. Type your name. Click **APPLY**. You can move the signature to the box and adjust the size.**

## 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: \_\_\_\_\_

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