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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? <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Pick up at Health Dept. <input type="checkbox"/> Fax	
Type of Record Requested: _____ _____ _____ _____	
Signature: _____	Date: _____
<i>*Signature required for release of records.</i>	

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: _____	