

OTTAWA COUNTY DISTRICT BOARD OF HEALTH

1856 E. Perry Street
Port Clinton, OH 43452
(419) 734-6800
(419) 734-6888 (fax)

Public Records Request Form

(This form **can not** be used for medical records requests)

Date _____ Time _____ AM PM

Written Request Verbal Request

Is the request to inspect and review records on site? Yes No

Is request to duplicate records to be mailed or picked up by requester? Mail Pick Up
(NOTE: Copy charge is \$.05 per copy and postage will be added if mailing.)

Requester _____

Mailing Address _____

Phone _____

If it is unclear what records are being sought, the OCHD Public Records Policy Officer or designee will contact the requestor for clarification.

Information being requested _____

If the request is voluminous than an estimated time will be given to satisfy the request.

----- **OFFICE USE ONLY** -----

SUPERVISOR APPROVAL _____ DATE _____

HEALTH COMMISSIONER APPROVAL _____ DATE _____

REDACTIONS YES NO NUMBER OF PAGES _____

DATE PAID _____ RECEIPT # _____ AMOUNT _____

INITIALS OF PERSON COMPLETING _____