



Public Record Request Form

Requestor Information:

Date: _____ Name of Requestor: _____

Address of Requestor: _____ Phone Number: _____

Requested Information:

Address of Property: NA _____

Owner of Property: NA _____

Records Being Requested (describe) : _____

Please list any specific information that would be of assistance to us in processing the request:

How would you like to receive the records?

Mail Fax Email Pick-Up

Provide fax or email (if needed): _____

Signature of Requestor: _____

For Health Department use only

Date request received: _____ Date request processed: _____

Charges: Number of copies _____ X .50 per page = **Total \$** _____ **Paid:** Cash _____ Check # _____

Signature of Authorization: _____ Date: _____