



Morrow County Health District PUBLIC RECORDS REQUEST FORM

Date _____ Time _____ AM PM

Is request to inspect and review records onsite? Yes No

Is request for duplication of records to be: mailed emailed faxed picked up by:

Contact Name: _____ Phone #: _____

Fax #: _____ E-mail: _____

Contact Address: _____

Request: _____

OFFICE USE ONLY

Written Request

Verbal Request

Written Request Response: The Morrow County Health District may request or assist in developing more specific language required to fulfill the request for records, if it is unclear what records are being sought. **Assistance required?** Yes No

Verbal Request: The MCHD Public Records Officer or designee will record the verbal request verbatim and shall read the request back to requester to assure accuracy. Yes No

Estimated length of time to gather records to fulfill request: _____

Request satisfied or acknowledged in writing within three business days? Yes No

Is request voluminous? Yes No

Prosecutor review required? Yes No Date sent to prosecutor's office: _____

Estimated cost of copies is after 10 pages (\$.10/page): _____ Postage: _____

Exempt items from records include: _____

Explanation: _____

Redactions: Yes No

Request Satisfied: **Date:** _____ **Time:** _____

Filed into Public Records Request folder on Server? Yes No

Public Records Officer or Designee Signature _____

_____ Date