



Geauga County Health District Public Information Request Form

Date of Request: _____

Request Made To: _____
(Department Records Officer)

Request Made: _____ In Person _____ By Phone _____ In Writing by mail or E-mail

I request to _____ view _____ receive copies of the following records:

This request is made in accordance with the Ohio Public Records Statute R. C. 149.43.

I understand these records will be prepared and made available for inspection during regular business hours in a prompt and reasonable fashion following receipt of this request. Copies will be provided in the requested medium at the rate established by the Geauga County Board of Health. Depending upon the records requested, this office may consult with legal counsel before releasing records. A written response to this records request will be made within a reasonable period of time. I would like to receive written notice of this office's response to my public information request in the following manner:

- _____ 1) In person
- _____ 2) United States Postal Service
- _____ If the requested information is maintained electronically by this department, then
- _____ 3) Via E-mail
- _____ 4) Compact disk CD [please indicate (1) or (2) above also]

(Optional) This information is requested by:

Name:	
Street Address:	
City, State, Zip	
Phone:	E-mail address:

_____ This form was completed by _____
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