



200 E. Berry Street ♦ Suite 360 ♦ Fort Wayne, IN 46802

Phone: (260) 449-7561 ♦ Fax: (260) 449-3010 ♦ www.allencountyhealth.com

### PUBLIC RECORDS REQUEST FORM

*To ensure we understand exactly what you are requesting, please complete the following information and we will process it as quickly as possible.*

\*Name: \_\_\_\_\_ \*Date of Request: \_\_\_\_\_

Company / Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**\*I am requesting (check one):** ☐ to have access to review/see the files in your office; OR ☐ to have copies made and provided to me for the following records – be as specific as possible for the types of records you are requesting. Also, please provide exact dates or a closely estimated timeframe for the records you are requesting.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*From the following area(s):**

- \_\_\_\_ Healthy Homes / Childhood Lead Poisoning Prevention
- \_\_\_\_ Food Protection
- \_\_\_\_ Tattoo and Body Piercing
- \_\_\_\_ Pollution Control / Septic Systems
- \_\_\_\_ Swimming Pools and Spas
- \_\_\_\_ Vector Control / Rodent Control / Mosquito Control
- \_\_\_\_ Lodging / Motel / Hotel
- \_\_\_\_ Other \_\_\_\_\_

**Reason for requesting records\*\*\*:** \_\_\_\_\_  
\_\_\_\_\_

**Preferred Delivery Method** if requesting copies to be provided (as not all records can be provided immediately upon request):

☐ Fax ☐ Email ☐ US Mail\*\* ☐ Certified Mail \*\* ☐ I will pick-up in office once notified

**NOTE: There is a charge for any photocopies of the above-mentioned records of \$.10 per copy for requests exceeding 10 pages.**

\* Required

\*\* These delivery methods may incur additional costs, which may require advanced payment.

\*\*\* Optional

Thank you for your cooperation.

.....**For office use below this line**.....

Date Request Received: \_\_\_\_\_ By: ☐Fax ☐Email ☐US Mail ☐Cert. Mail ☐Picked-Up ☐Other: \_\_\_\_\_

Date Request Acknowledged: \_\_\_\_\_ By Whom: \_\_\_\_\_ By Method: \_\_\_\_\_

Signature of Employee who pulled the records: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Employee authorizing the records release: \_\_\_\_\_ Date: \_\_\_\_\_

NOTES: \_\_\_\_\_ Total # of pages: \_\_\_\_\_

Date Released: \_\_\_\_\_ By: ☐Fax ☐Email ☐US Mail ☐Cert. Mail ☐Picked-Up ☐Other: \_\_\_\_\_

**COPY THE RECORDS THAT WERE RELEASED AND ATTACH TO THIS FORM**