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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