



Public Health
Prevent. Promote. Protect.
Perry County
Health Department

Perry County Health Department
409 Lincoln Park Dr. P.O. Box 230
New Lexington, Ohio 43764
Ph. 740-342-5179 Fax 740-342-5540
perrycountyhealthdepartment@perrycountyohio.net

Public Records Request Form

Perry County Health Department (PCHD) aims to prepare and make available, within a reasonable period, all public records properly requested by members of the public. To achieve this goal more effectively, the agency makes available this Public Records Request Form to those requesting access to public records from PCHD. Though it is not mandatory that a request be in writing, use of this form provides a record to both PCHD and the requestor that a request for specific information was made. Similarly, while a requestor is not required to disclose their identity or the intended use of the information requested, providing such information benefits the requestor by enhancing the ability of PCHD to identify, locate, and deliver the public records requested in a prompt and efficient manner. When making your records request, please be as specific as you can and, if possible, state the purpose for which you desire the records in question. Doing so may allow for faster identification of the records requested. If necessary, you may attach additional pages to this form describing the exact nature of what you are requesting.

Public Records Requestor Information:

First Name: _____ MI: _____ Last Name: _____

Company or Organizational Affiliation (if any): _____

Mailing Address: _____

Daytime Phone Number: _____ Alternate Phone Number: _____

If you choose to not disclose the information above, you must provide some reasonable method by which PCHD may contact you to inform you of the results of your public records request, and a means by which your request may be delivered to you. If PCHD is unable to contact you via this method after reasonable effort, the requested records will be held for ninety (90) days before being discarded.

Alternate Contact Method:

State specifically, if possible, the exact nature of the public records you are requesting and the purpose for this public records request. The more information that you can provide about what you are looking for and why, the more efficiently the agency can fill your request without providing you with extraneous information:



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How to submit an official public records request using the Public Records Request Form:

1. Complete as much of the form as possible.
2. Submit the form to Perry County Health Department by mail to:
PO Box 230, New Lexington, Ohio 43764
3. Or submit in person to:
409 Lincoln Park Drive, New Lexington, Ohio 43764

Please retain a completed copy of this form for your own records.

After you have submitted the request:

If your request is granted, you will receive a letter informing you of this. You will also be notified if any payment is required from you to begin processing your request and what methods you may use to pay. PCHD is permitted to require that requestors pay, in advance, the cost involved in providing copies of public records. PCHD charges 5¢ per page for black and white photocopies in addition to the cost of delivery, via certified mail, as well as the mailing envelope. The fee for computer records downloaded to compact disc is \$1 per disc. For video tapes, cassette tapes or any other type of media, the fee shall be the actual replacement cost or the reproduction (copying) cost. Requestors are not charged for any labor costs associated with providing public records. Once payment is received, your public records request will be processed as quickly as possible. Requested records will be sent to you via certified mail unless you have arranged for an alternate method of delivery with PCHD.

If your request is partly or completely denied, you will receive an explanation or reasons why your request was denied. If your request was denied due to an ambiguous or overly broad request, you will be given an opportunity to revise and provide more specific information by completing a revised public records request. If your request is denied because the items you requested are not public record, you will be explained the reason(s) that the information you requested is not subject to disclosure. **Be aware that a significant number of records maintained by PCHD are not subject to disclosure as public records.**

NOTICE:

Some public records requested may contain information that is exempt from public inspection. This information will be redacted, via black marker, on any copies of records you receive in a manner that should be plainly visible to you.

Agency Use Only

Form Submission Date: _____ **Time:** _____ **Received By:** _____