Special Note: This form serves only to assist in fulfilling the Public Records Request accurately. The form is not mandatory and no request will be denied if the information is not provided. Copies of requested items will be provided within a reasonable period of time. In accordance with ORC Section 149.43(B) (6), Clermont County Public Health has established a fee of $0.10 per page for copies of public records maintained by its offices. This fee is waived for requests consisting of only one page. All fees (including postage) must be paid before records will be released. For a copy of the Clermont County Public Health’s public records policy in its entirety, please visit www.ccphohio.org.

PUBLIC RECORDS REQUEST

Requestor’s Information:

Name: ___________________________ Date: ______________

Phone Number: ___________________ Fax: ___________________

Mailing Address: ____________________________________________

Details of the Request (Please include a date range):

___________________________________________________________

___________________________________________________________

___________________________________________________________

___________________________________________________________

How the Records are to be sent:

☐ Personal Pick Up  ☐ Mail  ☐ Fax  ☐ Email to: ____________________________
                  (Requestor pays postage)                   (Only available for records maintained electronically)

Office Use Only:

Fee Total: ________ Date Paid: ________ Date Released: ________

Redactions: ☐ No  ☐ Yes Approved by: __________________________ Completed by: ____________________