



JEFFERSON COUNTY General Health District

— Prevent. Promote. Protect. —

Public Records Request

Form RC 100

While not mandatory, if you fill out this form it will help us provide the public records you are requesting in a timelier fashion.

Requestor Information

Requestor's Name			Date
Address			
City	State	Zip Code	Phone Number
Email Address			

Information Requested

Please be as specific as possible, describing the records you want to review. PLEASE PRINT

Jefferson County General Health District, Ohio provides photocopies of public records according to the published fee schedule. All requests require advance payment. Mailing charges are assessed at actual cost. Please make checks payable to Jefferson County General Health District. There is no charge to inspect records while in Jefferson County buildings or to receive emailed documents up to IOMB. See Published Fee Schedule for costs associated with request. Please check your preference below:

- I would like to inspect these records in the building when they are ready
- I would like these records copied and I will pick them up when they are ready
- I would like these records copied and mailed to me at the address on this form
- I would like to have these records emailed to me at the email address on this form

JCGHD employee handling request	Date completed
---------------------------------	----------------