

**PUBLIC RECORDS REQUEST FORM**

*Complete the following information fully so we understand exactly what you are requesting.  
We will then process the request as quickly as possible.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

\*Phone: \_\_\_\_\_ \*Fax: \_\_\_\_\_

\*E-mail: \_\_\_\_\_

I am requesting to see the following records (be as detailed as possible including dates if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From the following Program/Service(s) (please check):

- Public Health Nursing
- Food Protection
- Tattoo and Body Piercing
- Septic Systems
- Swimming Pools and Spas
- Rodent Control/Mosquito Control/Environmental/Housing Nuisance
- Vital Records
- Other: \_\_\_\_\_

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

Preferred Delivery Method (as not all records requests can be granted immediately):

Fax  E-mail  US Mail\*\*  Cert. Mail\*\*

Contact me and I will pick up in office  Other \_\_\_\_\_

\*Optional

\*\*May incur an additional cost for mailing method

NOTE: Per Hancock County Commissioner Ordinance, there is a charge of \$0.25 per copy for any photocopies of the above-mentioned records, except shot records and tb skin test results which are \$1.00.

Thank you for your cooperation.

-----For office use below this line-----

Date Request Received: \_\_\_\_\_ Date Request Responded to initially: \_\_\_\_\_

Received by:  fax  e-mail  US Mail  Cert mail  Hand Delivery

Other \_\_\_\_\_

Signature of Employee who filled the request: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

Date of Records Released (if not immediately): \_\_\_\_\_

By (circle one): Fax E-mail US Mail Cert Mail Picked Up Other \_\_\_\_\_

Are there copies of the records that were released attached to this memo:  Yes  No