



# SENECA COUNTY GENERAL HEALTH DISTRICT

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Visit us on the web: [www.senecahealthdept.org](http://www.senecahealthdept.org)

Anne Goon, MS, RD, LD, Health Commissioner

## PUBLIC RECORDS REQUEST

Request was made:     In Writing             By Phone             By E-mail             In Person

Date of Request: \_\_\_\_\_ Time of Request: \_\_\_\_\_

Name of Designee Receiving Request: \_\_\_\_\_

Name of Applicable Records Custodian: \_\_\_\_\_

.....  
Name of Requestor (optional): \_\_\_\_\_

Contact Information (optional): \_\_\_\_\_

Information being requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Record to be received by Requestor by:

U.S. Mail - *Address:* \_\_\_\_\_

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

In Person - *Date of Pick-up:* \_\_\_\_\_

Fax - *Fax Number:* \_\_\_\_\_

Medium of Request:     Physical Inspection     Paper Copy     E-mail     Computer Disk

Another format – please specify: \_\_\_\_\_

Amount Due: \$ \_\_\_\_\_ Amount Paid (due in advance): \$ \_\_\_\_\_

.....  
Date Request Completed: \_\_\_\_\_ Completed by: \_\_\_\_\_

Date Copy of Records Given to Requestor: \_\_\_\_\_