



PREVENT. PROMOTE. PROTECT.

OHIO PUBLIC RECORDS REQUEST FORM

Requestor's Name:	Today's Date:
Company:	Phone #:
Mailing Address	City, State, Zip
Email Address	

Information Requested: **Please list the type of information and address below:**

Please email completed form to: HCPHcustserv@hamilton-co.org

To be completed by Health Department:

Within HCPH jurisdiction: Yes No

What format will the information be provided:

_____ Paper Copies Provided. # of pages _____
(10 B&W copies or less-no charge; \$0.10 per B&W page; \$0.15 per Color page.)

_____ CD-R
(Records currently exist in digital format and will be provided on CD-R for \$0.30)

_____ DVD
(Records currently exist in digital format and will be provided on DVD for \$5.00)

_____ Email
(Files small in size that exist in digital format may be emailed at no charge.)

_____ Other FAX
(GIS maps size E \$10.00; with aerial map \$15.00; 11x17 \$0.75; Arcview Shape files \$25.00)

_____ Charge for postage: \$ _____

Taken By:
Customer informed of charges: Yes No
Released By:
Date Released:

\$ _____ TOTAL CHARGES Date Paid: _____ / _____ / 20

Where any records Redacted? Yes No

Health Commissioner Approval: _____

Date Approved: _____ / _____ / 20

____ EH
 ____ PL
 ____ WM
 ____ WQ