Huron County Public Health

Public Records Request Form

Pursuant to the Ohio Public Records Act and Ohio Revised Code Section 149.43, any person can make a request for public records by asking Huron County Public Health (HCPH) for specific, existing records. The requester may make a request in any manner the requester chooses, including:

1. By phone by calling HCPH at 419-668-1652;
2. By submitting this form via email to information@huroncohealth.com;
3. By submitting this form in person at HCPH's main office at 28 Executive Dr., Norwalk, Ohio 44857; or
4. By submitting this form via mail to HCPH's main office at 28 Executive Drive, Norwalk, Ohio 44857.

Note: Please complete this form in its entirety prior to submission. HCPH may contact you to request or assist in developing more specific language required to fulfill the request for records, if it is unclear what records are being sought. Requests may be delayed if the request is voluminous and/or prosecutor review is required.

Requester Information

Date of Request	
Time of Request	
Requester's Name (Optional)	
Address	
Phone	
Email	
Is the request for duplication of records to be (check one):	☐Mailed to the address above* ☐Emailed to the email address above ☐Faxed to _____ ☐Picked up by requester*

Record(s) Requested

Please write a description of records requested (agendas minutes, budgets, etc.) below. You must identify the records you are seeking with reasonable clarity, so that HCPH can identify responsive records. Add additional pages if more space is needed.

FOR STAFF USE ONLY		
Request received by *(HCPH staff name)***:**		
Estimated length of time to gather records to fulfil request:		
Is request voluminous?	☐Yes	☐No
Is prosecutor review required?	☐Yes; if yes, date sent to prosecutor's office: _____	☐No
Estimated printing cost *(copies $.05/page)***:**		
Estimated postage cost:		
Exempt items from records include:		
Redactions?	☐Yes	☐No
Date/Time Request Satisfied:	**Date**	**Time**
Fulfillment Approved By *(Management Team Staff Member Name)***:**		
Filed into public records request folder on server *(F:\Public Records Request_General Health Department)***?**	☐Yes	☐No

*printing ($.05 per page) and/or postage fees apply