

## **Public Record Request**

The Wood County Health District, Wood County, Ohio belongs to the citizens of Wood County. We conduct our government activities in the open and are proud of our strong commitment to this important principle of democracy.

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

Name of Requestor		
Street Address	City, State Zip	
Phone Number	Today's Date	
With as much detail as possible, pl	ease describe what records you want to review.	
Wood County Hoalth District provi	des black and white photocopies of public records according to the follow	wing
•	per copy rounded to the nearest 25¢. All requests require advance pay	_
	actual costs. There is no charge to inspect records while in the Wood Cou	unty
Health District Office Building, 184	0 E. Gypsy Lane Road, Bowling Green, OH 43402.	
Please check your preference belo	w:	
☐ I would like to inspect these re	ecords in the building when they are ready.	
☐ I would like these records cop	ied, and I will pick them up when they are ready.	
☐ I would like these records cop	ied and mailed to me at the address on this form.	
*********	*****Office Use Only Below this Line*****************	**
Number of copies requested	Receipt #	
Order processed by	Date Processed	