



Public Records Request

The Ohio Revised Code provides the public the right to make requests for public records. "Public record" includes any document, device, or item, regardless of physical form or characteristic, including electronic records, created or received by or coming under the jurisdiction of any public office, which serves to document the organization, functions, policies, decisions, procedures, operation, or other activities of the office. All records that meet this definition are public records, unless exempted under section 149.43 of the Ohio Revised Code.

You can request public records of WCHD by using the form below, while not mandatory, this form will help us provide the requested items in a timely fashion. You ARE NOT required to provide your name or your company name. You must provide the appropriate contact information for your requested method of delivery. Please mail the completed form to **Public Records Request, 1840 E. Gypsy Lane Road, Bowling Green, OH 43402** or email to **wchdhealthdept@woodcountyohio.gov**.

Name of Requestor _____

Street Address _____

City, State, Zip _____

Email Address _____

Phone Number _____

Today's Date _____

In as much detail as possible, please describe what records you wish to request:

WCHD provides black and white photocopies of public records according to the following schedule: 1-3 – no charge; 4+ \$0.05 per copy rounded to the nearest \$0.25. All requests require advance payment. Mailing charges are assessed at actual costs. There is no charge to inspect records while in the WCHD offices located at 1840 E. Gypsy Lane Rd., Bowling Green, Ohio, 43402.

Please check your preference below:

- I would like to inspect these records in the office when they are ready.
- I would like these records copied, and I will pick them up when they are ready.
- I would like these records copied and mailed to me at the address listed above.
- I would like these records scanned and emailed to me at the email address listed above.

*****For WCHD Use Only Below this Line*****

Record Request Number _____ Date Received _____ Receipt Number _____

Processed by and Date _____ Date Delivered _____