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## Public Records Request Form

Complete this form and return it to the Scioto County Health Department, either in person, mail, email or fax. Be sure to obtain a written acknowledgement that this document was received by the Health Department to ensure that your public records request is processed in a timely manner.

**Date of request:** \_\_\_\_\_

**Record(s) requested:**

**Requested format of records (paper, electronic, etc.):**

**Delivery Method:**     in-person     e-mail     mail

**Contact Information:**

**Name:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Mailing address or email address:**

**Health Department Signature of Receipt:** \_\_\_\_\_

Name

\_\_\_\_\_  
Date and Time