

DELAWARE GENERAL HEALTH DISTRICT REQUEST FOR PUBLIC RECORDS

IMPORTANT:

COMPLETION OF THIS FORM IS NOT MANDATORY. YOUR REFUSAL TO COMPLETE OR PROVIDE ANY AND/OR ALL INFORMATION ON THIS FORM WILL NOT AFFECT YOUR RIGHT AND/OR ABILITY TO INSPECT AND/OR RECEIVE COPIES OR REPRODUCTIONS OF THE REQUESTED RECORDS. (R.C. 149.43(B)(5)).

IF YOU COMPLETE THIS FORM, IT WILL HELP US TO BETTER AND MORE EFFECTIVELY SERVE YOU IN PROVIDING YOU WITH THE RECORDS YOU ARE REQUESTING.

1. GENERAL INFORMATION: (please print)

TODAY'S DATE	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP CODE	
TELEPHONE NUMBER	
FACSIMILE NUMBER	

