

# FLOYD COUNTY HEALTH DEPARTMENT

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New Albany, Indiana 47150-4607  
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[www.floydcountyhealth.org](http://www.floydcountyhealth.org)

## REQUEST FOR PUBLIC RECORDS

Date of Request: \_\_\_\_\_ Time of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Address(OPTIONAL): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Public Record(s) Requested: (MUST BE SPECIFIED WITH REASONABLE PARTICULARITY)

\_\_\_\_\_  
\_\_\_\_\_

Date(s) of Record being requested: \_\_\_\_\_

Address of Record being requested (if applicable):

\_\_\_\_\_  
\_\_\_\_\_

Department where record is located: \_\_\_\_\_

\_\_\_\_\_

## FOR FLOYD COUNTY HEALTH DEPARTMENT PURPOSE ONLY

Name of employee conducting records search: \_\_\_\_\_

No. of pages requested: \_\_\_\_\_ Total cost: \$ \_\_\_\_\_

Record released authorized by: \_\_\_\_\_

Date: \_\_\_\_\_

### If record release is denied:

By whom: \_\_\_\_\_

For what reason: \_\_\_\_\_ Date: \_\_\_\_\_