

PORTAGE COUNTY COMBINED GENERAL HEALTH DISTRICT

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Health Commissioner

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PUBLIC RECORDS REQUEST

Portage County is dedicated to providing the highest quality of customer service in accordance with Ohio's Public Records Act. The information contained on this form is solely intended to enhance our ability to respond to your request in a timely and reasonable manner. Our office is under no obligation to create records to meet public record requests, but will prepare and make available those records which do comply with your request. If we cannot reasonably identify what public records you are requesting, you may revise your request and we will explain to you the manner in which the office's records are maintained. *Your request is not required to be in writing, nor is it required that your name or intended use of the requested records be disclosed.*

To be completed by employee if not completed by the requester based on the nature of the request.

Name of Requester		Today's Date
Street Address		City, State, ZIP
Phone Number	E-mail Address	
INFORMATION REQUESTED: <i>Please be specific.</i> Records sought must be identified with sufficient clarity in order to allow this office to identify, retrieve and review the records. The records custodian is available to assist by advising you of the manner in which records are kept. Please Print.		
Type of Record Requested		Relevant Date(s)
Description		
<i>For additional space, please use the reverse side of this form.</i>		
COMPLETED RESPONSE		
Date Requester Notified:		By: (Employee)
		Via: (Phone #, mail, e-mail)
Date Response Mailed, Picked up or Inspected (Circle one)		By:
Total Cost \$		including actual postage cost of \$
Number of copies requested @ \$.06 per page		Total fee \$
Copies of other materials @		Total fee \$