



Public Records Request Form

Contact Information

Name: _____ Date: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number _____ Fax Number _____

Email Address: _____

Public Record(s)
requested: _____

A requester need not make a request for public records in writing, or identify himself/herself when making request.

Method of Delivery:

It is the policy of Richland Public Health to provide the responsive record(s) via electronic delivery, as an adobe pdf attachment to an email. If you would prefer to receive the records via another delivery method, please indicate below.

- I am acceptable to receiving the responsive record(s) via electronic delivery as described above.
- I want to view the responsive record(s) at Richland Public Health at no cost. (Please note that if copies are requested at the viewing, a copy charge of \$0.05 per page will be assessed.)
- I want to purchase copies of the responsive record(s). Copied documents may be picked up or mailed upon receipt of payment. Paper copies are \$0.05 per page. Mailed documents are subject to postage fees.

For RPH use only:

Total number of responsive page _____ Cost for Production: _____
Approved _____ Not Approved _____ Paid _____ On ___/___/___
Records Produced on ___/___/___ via _____