REQUEST FOR RELEASE OF PUBLIC RECORDS

DATE ______________________

NAME OF PERSON/ORGANIZATION MAKING REQUEST

ADDRESS

CITY                      STATE          ZIP

LIST OF INFORMATION REQUESTED:

________________________________________________

________________________________________________

________________________________________________

________________________________________________

________________________________________________

I, ____________________________________________, hold harmless and indemnify the Zanesville-Muskingum County Health Department against any and all claims, suits or actions arising from the inspection or release of such records.

Signed:

________________________________________________

Date:

________________________________________________

205 N. 7th Street, Zanesville, OH 43701
phone 740.454.9741 - fax 740.455.6726 - www.zmchd.org