REQUEST FOR RELEASE OF PUBLIC RECORDS

DATE ________________________________

NAME OF PERSON/ORGANIZATION MAKING REQUEST

ADDRESS

CITY ______________________ STATE __________ ZIP __________

LIST OF INFORMATION REQUESTED:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

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

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