



Public Health
Prevent. Promote. Protect.
Zanesville-Muskingum County

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 : _____

email: help@zmchd.org
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