



Public Health
Prevent. Promote. Protect.

Butler County
General Health District

Public Records Request Form

To be considered a public record subject to public records laws, it must meet all three of these criteria:

- Have information stored on a fixed medium (paper, computer, film, etc.);
- Be created, received, or sent under the jurisdiction of a public office; and
- Document the organization, functions, procedures, policies, operations, decisions, or other activities of the office.

Date Requested: _____

Request Submitted Via: _____ E-mail _____ U.S Mail _____ Fax _____ In-Person

Name of Requester: _____

**Requester is not required to give their name. The request can be made anonymously.*

Type of records requested:

**Provide as much specific detail as possible to identify the information that you are seeking. You may attached additional pages, if necessary.*

Timeframe of records: _____

Fees:

The Butler County General Health District, in accordance with Section 149.43(B)(6) of the Revised Code, has established the following fees for providing copies of reproductions of public records maintained by its offices:

MEDIA	COST
Email & SharePoint/NextCloud platforms	• FREE
Fax	• FREE

Paper (sizes 8/5x11 through 11x17)	<ul style="list-style-type: none"> • 10 black & white copies or less: FREE • Greater than 10 pages: \$ 0.10 per page for black & white copies • \$ 0.15 per page for multi-colored copies
U.S. Mail	<ul style="list-style-type: none"> • Cost of copies and postage apply
USB Drive	<ul style="list-style-type: none"> • \$5.00
CD-R	<ul style="list-style-type: none"> • \$0.30 per disc

How would you like to receive the requested documents?

_____ E-mail _____ Fax _____ U.S Mail _____ In-Person _____ USB Drive _____ CD-R

Other (please list): _____

If you would like to receive the records via U.S. Mail or E-mail, please list the following:

Street Address: _____

City/State/Zip: _____

E-mail of Requester: _____

FOR OFFICE USE ONLY

Date received by Public Information Officer: _____

Completed by (BCGHD staff): _____

Date completed: _____