



1843 Oakwood Avenue
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Public Records Request

Request was made: ☐ In Writing ☐ By Phone ☐ By E-mail ☐ In Person

Date of Request: _____ Time of Request: _____

Name of Designee Receiving Request: _____

Name of Applicable Records Custodian: _____

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Name of Requestor (optional): _____

Contact Information (optional): _____

Information being Requested:

Record to be received by Requestor by:

_____ U.S. Mail (Address: _____)

_____ E-mail (E-mail Address: _____)

_____ In Person (Date of Pick-up: _____)

_____ Fax (Fax Number: _____)

Medium of Request: ☐ Physical Inspection ☐ Paper Copy ☐ E-mail ☐ Computer Disk
☐ Other format (please specify: _____)

Amount Due: \$ _____ Amount Paid (due in advance): \$ _____

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Date Request Completed: _____

Completed By: _____

Date Copy of Records Given to Requestor: _____