



Canton City Public Health Public Records Request Form

Per the Ohio Sunshine Laws, anyone making a public records request is not required to identify him or herself or indicate why he or she is requesting the records, unless a specific law permits or requires it.

The below "Requestor Information" (name, telephone number, address and e-mail address) is **NOT** required by the requestor, but if the information is needed to help with request, please complete the appropriate questions.

SECTION #1: Requestor Information

Date of Request _____

Requestors name _____ Requestors telephone number _____

Requestors address _____

Requestors e-mail address _____

Records Requested (required)

Which form is the record requested? (i.e. paper, electronic, recording, video, etc)? _____

SECTION #2: To be completed by a CCPH Employee

How was the request made? ☐ E-mail ☐ Facebook ☐ Voice Mail ☐ Text Message

Division _____ ☐ Written ☐ In Person ☐ Telephone ☐ Other _____

Was this request filled? _____

If no, explain why _____

Were any documents redacted? _____

If yes, explain why. _____

Request filled by _____ Date completed _____ # of pages _____

Which form is the record filled? (i.e. paper, electronic, recording, video, etc)? _____

Were there any charges for this request? _____ If yes, how much? _____

**Please refer to policy 800-014-P_Public Records Request for a list of possible charges.*

Place a copy of this form with the requested information.