

FLOYD COUNTY HEALTH DEPARTMENT



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Fax (812) 948-2208
Email form to: environmental@floydcounty.in.gov
Website: www.floydcounty.in.gov

REQUEST FOR PUBLIC RECORDS

Date of Request: _____ Time of Request: _____

Name: _____

Address(OPTIONAL): _____

Phone Number: _____ Fax number: _____

Email: _____

Type of Public Record(s) Requested: (MUST BE SPECIFIED WITH REASONABLE PARTICULARITY)

Date(s) of Record being requested: _____

Address of Record being requested (if applicable):

Department where record is located: _____

FOR FLOYD COUNTY HEALTH DEPARTMENT PURPOSE ONLY

Name of employee conducting records search: _____

No. of pages requested: _____ Total cost: \$ _____

Record released authorized by: _____

Date: _____

If record release is denied:

By whom: _____

For what reason: _____ Date: _____