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The Department operates in  
accordance with Title VI of the  
Civil Rights Act of 1964

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**Request for Public Records under O.R.C. 149.42 Form B**  
**Made by any person to a public office**

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

Request for: \_\_\_\_\_

\_\_\_\_\_

This requesting party agrees to pay (no charge first 3 pages, additional \$.25) prior to receiving the records requested. Furthermore, this office may exercise discretion in assessing any additional charges should staff members be required to work overtime in reviewing and/or reproducing the records requested in order to meet the "reasonable time" for compliance provision of O.R.C. Section 149.43.

In exchange for the inspection and/or release of public record, the undersigned individual and organization shall agree to indemnify and hold harmless the office of the Toledo-Lucas County Health Department and its officials for any and all liability directly or indirectly arising from inspection and/or release of these public records.

Signed: \_\_\_\_\_

Name of Requesting Party

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Date