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Request for Public Records under O.R.C. 149.43 Form B
Made by any person to a public office.

Name: _____

Date of Request: _____

Organization: _____

Address: _____

Phone Number: _____

Request for: _____

*Please be advised, this form is not to be used for a Phase 1 Environmental Records request.
[You can find that form here.](#)*

This requesting party agrees to pay (no charge for the 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

Karim Baroudi, MPH, REHS
Health Commissioner

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

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