ACCESS TO PUBLIC RECORDS REQUEST

Return to:
Vanderburgh County Health Department
420 Mulberry Street
Evansville, IN 47713
Fax: (812)435-5612
Email: health@vanderburghcounty.in.gov

NAME OF REQUESTING PARTY: _______________________________________________________

COMPANY (if applicable): _____________________________________________________________

ADDRESS: __________________________________________________________________________

CITY: __________________________ STATE: _______ ZIP CODE: __________________________

PHONE NUMBER: ______________ EMAIL ADDRESS: _________________________________

DATE:_________________________ TIME (if requesting in person): ______________________

IDENTIFY WITH REASONABLE PARTICULARITY THE INFORMATION TO BE REVIEWED:

_________________________________________________________________________________

Property Address: _____________________________________________________________

Printed Name and Title of Requesting Party or Representative Date
Printed Name and Title of Health Department Representative Date

Signature of Requesting Party or Representative Date
Signature of Health Department Representative Date