

PUBLIC RECORDS REQUEST FORM

1. Requestor's Information

Name:

Mailing Address:

Email:

Phone Number:

Fax Number:

2. Request Information

Please be as detailed as possible. Include names, dates or time period, subjects, resolution, project names, minutes, financials, etc.

3. Purpose of Request:

4. If You Are Requesting Copies of Public Records, Please Fill Out the Following:

How many copies of the requesting documents do you need?

Single Sided Double Sided

5. How Would You Like To Receive the Information Requested?

In Person Email Mail Fax

Although the records I am requesting may be deemed to be "public records" within the meaning of Chapter 22, Code of Iowa, I understand the use of this information must comply with all local, state, and federal laws including but not limited to laws relating to privacy, harassment, discrimination, debt collection, libel, slander and tort. Misuse of said information by me in violation of the law is exclusively my responsibility. Jefferson County Health Center (JCHC) denies any and all responsibility for how this information is used by me. If any third party makes a claim against JCHC for misuse of this information attributable to me, JCHC shall pursue all available legal remedies against me. I certify that I may be charged for costs related to the inspection/copying of public records, and the records will not be released to me without payment.

Signature of Requester

Date of Request