

# Application for Request/Copy of Public Record

**Fee \$3.00**

WE ACCEPT CASH, CHECK, MONEY ORDER AND CREDIT CARD PAYMENTS IN OFFICE.

## PUTNAM COUNTY HEALTH DEPARTMENT

1542 S. Bloomington St., Suite 1500  
PO Box 507  
Greencastle, IN 46135  
PH: 765-658-2782 FAX: 765-658-2781  
putnamhealthindiana.org.



**Public Health**  
Prevent. Promote. Protect.

**Please Complete All Items Below**

Permit/Case Number: \_\_\_\_\_

Type of Record Requested: \_\_\_\_\_  
(septic permit/inspection- prior to 1990 are limited., complaint inspection, food inspection, etc.)

Date/Year of Event: \_\_\_\_\_

Name on Record: \_\_\_\_\_

Address on Record: \_\_\_\_\_  
Street City State Zip

Purpose for record being requested: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**APPLICATIONS FOR PUBLIC RECORD - INCLUDE COPY OF YOUR ID.**  
**MAIL – IN – REQUEST**  
**TO BE COMPLETED BY A NOTARY PUBLIC.**

ID Used: Valid Drivers License OR Valid State ID Card OR Valid Passport OR Valid Military ID Card  
(Circle ID Type Used for Identification)

Issued by, \_\_\_\_\_ with the identification number of \_\_\_\_\_  
(State or Government Agency Issuing the ID) (Identification # Printed on ID)

with expiration date of \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_ My Commission Expires on: \_\_\_\_\_

### For Office Use Only

Date Received: \_\_\_\_\_ Record Request Found: YES or NO

Clerk: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

05/2018