

Application for Request/Copy of Public Record

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

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
Circle One

Clerk: _____ Permit/Case Number: _____