

**Request for Open Records
Environmental Health Section
Hall County Board of Health**

I am requesting the following records under the Georgia Open Records Act:

Note: Request must specify exactly what records are being sought.

Applicant's Information

Name: _____

Address: _____

Daytime phone number: _____ Date requested: _____

Applicant's signature: _____

Please refer to the "Application Processing Instructions" for submittal.

Disposition of Request : For Office Use Only

Date completed/available to person requesting records: _____

Applicant notified records available by: fax ___ phone ___ mail ___ other _____

Number of copies requested/made available @ .10 cents each = \$ _____

Assigned to: _____ time/labor _____ hrs. = \$ _____

Amount due before releasing records: \$ _____

All fees paid: yes ___ no ___ date paid _____ amount paid \$ _____

Records denied or unavailable:

Records will be made available or the status of the record search will be given within 3 business days.

Date records delivered: _____ method of delivery _____

Environmental Health Supervisor: _____