



## Public Health

Prevent. Promote. Protect.

## Woodford County Health Department

## REQUEST FOR INFORMATION

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at the hour of \_\_\_\_\_  
.M., the following individual(s) requested from the Woodford County Health  
Department the following information:

Individual(s): Name: \_\_\_\_\_

Address:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Information Sought: \_\_\_\_\_

**Signature of Requestor(s):** \_\_\_\_\_

The above information was presented to such individual(s) at \_\_\_\_\_ M. on the  
day of 20\_\_\_\_\_, except for:

The reason(s) for not providing the above information (or portions of the request) was:

Photocopies of the information were provided to the individual(s) making the request, resulting in \_\_\_\_\_ copies.

Signature of Employee: .

Title of Employee: \_\_\_\_\_