



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: _____

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: _____

FEE: _____ copies X \$0.10/copy
(First 50 copies free)

TOTAL: _____