

# BOONE COUNTY HEALTH DEPARTMENT

116 W. WASHINGTON STREET - LEBANON, IN 46052

[www.boonecounty.in.gov/health](http://www.boonecounty.in.gov/health)

ENVIRONMENTAL DIVISION  
SUITE B201  
(765) 483-4458  
(765) 483-5243 FAX



BOONE COUNTY  
HEALTH DEPARTMENT

NURSING & VITAL RECORDS DIVISION  
SUITE B202  
(765) 482-3942  
(765) 483-4450 FAX

## Requesting access or copy of a public record:

Date: \_\_\_\_\_

Dear Public Official:

Pursuant to the Access to Public Records Act (Ind. Code 5-14-3), I would like to (inspect or obtain a copy of) the following public records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand if I seek a copy of this record, there may be a copying fee. Could you please inform me of that cost prior to making the copy? I can be reached at \_\_\_\_\_. (If you do not provide a phone number, fax number or email address, the agency will likely mail the response to you by regular mail).

According to the statute, you have \_\_\_\_ days/hours to respond to this request. (If this letter was delivered personally to the public official's office, the agency has 24 hours to respond to the request. If the letter is delivered by U.S. Mail, email or facsimile, the agency has seven days to respond to the request.) If you choose to deny the request, you are required to respond in writing and state the statutory exception authorizing the withholding of all or part of the public record and the name and title or position of the person responsible for the denial. Thank you for your assistance on this matter.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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