



## BOARD OF HEALTH BELMONT COUNTY GENERAL HEALTH DISTRICT

68501 Bannock Road • St. Clairsville, Ohio 43950 • Phone (740) 695-1202 • Fax (740) 695-8890  
[www.BelmontCountyHealth.com](http://www.BelmontCountyHealth.com)

### **INSTRUCTIONS FOR REQUESTING RECORDS**

1. In order to expedite your request, requests for records should be in writing. Requests will be processed in the order in which they are received. A Public Records Request Form can be faxed to (740) 695-8890, or by email to [Bchd@belmontcountyhealth.com](mailto:Bchd@belmontcountyhealth.com).
2. Requests must be for records prepared, owned, used, or retained by the District. Requests should be for clearly identifiable records. If necessary, the District will assist the requestor in making a request that describes reasonably identifiable records. Copies will not be provided if disclosure would infringe upon a copyright, trade secret, or is otherwise exempt in accordance with state law.
3. A search for facility records can only be conducted by one or all of the following:
  - Facility Name, Address, or Identification Number;
  - Facility Application Number, or Permit to Operate Number, or
  - Facility Notice of Violation/Notice to Comply Number.
4. You will be notified by mail within ten (10) days whether your request seeks copies of disclosed public records prepared, owned, used, or retained by this agency. In Most cases, your request will be completed within 3-4 weeks.
5. If the search for records finds the records voluminous, you will be notified of the approximate number of pages and/or length of time it will take to process your request.
6. If your request is to review records, rather than receive copies, the District will notify you once the records are gathered, and arrangements will be made for your review.
7. The charge for the direct cost of duplication is as follows: Paper Copies, \$0.102 per page (first 10 pages are free); Copied CDs or Copied Diskettes, no charge (media must be provided). When records are requested in electronic format, the requestor shall bear the cost of producing a copy of the record, including the cost to construct the record and the cost of programming and computer services necessary to produce a copy of the record when either of the following applies: (1) the District would be required to produce a copy of an electronic record and the record is one that is produced only at otherwise regularly scheduled intervals, or (2) the request would require data compilation, extraction, or programming to produce the record. **An invoice will accompany your records when completed.**

***If you have questions pertaining to the submittal of a Public records Act request, you may contact the Belmont County Health Department via telephone at (740) 695-1202, Monday through Friday, 8:30 a.m. to 4:30 p.m., via fax at (740) 695-8890 or via email at [Bchd@belmontcountyhealth.com](mailto:Bchd@belmontcountyhealth.com).***



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**ATTENTION REQUESTOR:** To expedite your request for Health Department records, please fill out this form completely, and identify specifically the type of records you are requesting. Please limit your request to one facility or one site address for each request form filed, and three requested items per form. Additional forms or pages can be used if requesting information for more than one facility or for records not identified on this form. Requests should reasonably describe identifiable records prepared, owned, used, or retained by the Health Department. Public Records Unit staff is available to assist you in identifying those records in the Health Department. The Health Department is not required by law to create a new record or list from an existing record.

**REQUESTOR INFORMATION**

<b>Name:</b>	<b>Date:</b>	
<b>Company:</b>		
<b>Address</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone Number:</b>	<b>Fax Number:</b>	
<b>E-mail:</b>		

**REQUESTED RECORDS (3 items per form)**

<input type="checkbox"/> Applications	<input type="checkbox"/> Complaints
<input type="checkbox"/> Environmental Documents	<input type="checkbox"/> Other (explain)
Time period of documents requested	From: _____ To: _____

Direct cost of duplication is \$0.102000 per page copies. No charge for copied diskettes (media must be provided.)

- I wish to inspect the requested records, where applicable, and do not want copies produced at this time.
- I request that the Health Department contact me prior to copying the requested records if the cost exceeds \$20.00.
- I would like copies of the requested records and I hereby agree to reimburse the Health Department for the direct cost of duplicating the requested records in accordance with <http://www.ohiohistory.org/>

\_\_\_\_\_  
Signature of Requestor

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