

BOONE COUNTY HEALTH DEPARTMENT

116 W. WASHINGTON STREET - LEBANON, IN 46052

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:

(Be sure to describe the records sought with enough detail, or as the statute indicates, with “reasonable particularity” for the public agency to understand the request and be able to respond.)

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 **phone number and/or email address**. (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.

Respectfully,

Full Name