



**Richland County Health Department**

**Document Request Form**

Any party interested in obtaining copies of Health Department documents must make formal, written request to view records using this form. This form must be completed in its entirety. The Department will review requests and provide requested copies as directed by Department policy.

Name of party making request:

Agency (if applicable):

Address:

Telephone number:

E-mail:

Description of requested documents (please be specific):

Purpose of request:

\_\_\_\_\_

Signature of party making request

\_\_\_\_\_

Date

**For Office Use Only** \_\_\_\_\_

Date Request Received: \_\_\_\_\_

Received by: \_\_\_\_\_

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

Distributed by: \_\_\_\_\_