



### Public Records Request Form

While not mandatory, completion of this form may help us better provide you, in a timely manner, with the records that will best meet your needs.

Name	Date
Street Address	
City, State, Zip Code	
Purpose of Request (optional)	
<p>With as much specificity as possible, please describe the record you wish to review. PLEASE PRINT OR TYPE</p>	
<p>The Hamilton County Mental Health and Recovery Services Board provides copies of public records according to the following schedule:</p> <ul style="list-style-type: none"> <li>• First twenty-five (25) pages at no charge</li> <li>• All pages thereafter, five cents (\$.05) per page (double-sided is counted as 1 page).</li> <li>• Computer files downloaded to a compact disc will be charged at \$1.00 per disc.</li> <li>• Duplication costs for other media will be determined at the time of the request.</li> <li>• If the records are requested to be mailed, the cost of U.S. postage and other mailing supplies beyond a standard envelope will be charged.</li> <li>• There will be no charge for documents that are e-mailed.</li> <li>• There is no charge to inspect records on site</li> </ul>	
<p>Please mark your preference below:</p> <p><input type="checkbox"/> Inspect records on site</p> <p><input type="checkbox"/> Copy records and I will pick them up</p> <p><input type="checkbox"/> Copy records and mail to the address on this form</p>	
Employee responsible for completing request:	Date Completed: