NORTH CENTRAL PUBLIC HEALTH DISTRICT
"Caring For Our Communities"
419 East Seventh Street
The Dalles, OR 97058-2676
541-506-2600

Records Request Form Appendix A

In order to complete your request, please read the following instructions:

- *Please complete all the form fields below.*
- *You will be notified of all applicable fees based on the NCPHD Public Records Fee Schedule. Do not send money prior to receiving notification of applicable fees and the exact amount due.*
- *You will receive a copy of the NCPHD Public Records Request Policy with the notification of the applicable fees amount due.*

Required fields are noted by an asterisk (*)

1. *Requesters Name (Please Print):		
***Mailing Address:**		
Street Address *(if different to mailing)*:		
***City:**	***State:**	***ZIP:**
***Telephone No.:**	***Email:**	**Fax No.:**

2. *Please give a detailed Description of the Records Requested. (Please be very specific) Example: What specific record/s required; Specific time frame of the records required (start and end dates)

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3. *Is this Request:	☐ Personal	☐ Public Interest	☐ Media/Reporter
4. *Do you want to:	☐ Examine the records	☐ Receive copies of the records	
5. *How do you wish to receive the copies of the records?			
☐ Mail	☐ ZIP File	☐ Fax	☐ Pick Up
☐ USB	☐ CD-ROM		

5. Requesters Name:________________________________ **Date Requested:** _________________

Please Send Completed Form via Mail or Email to publichealth@ncphd.org
Director, North Central Public Health District
419 East 7th Street, The Dalles, OR 97058