



Public Health
Prevent. Promote. Protect.

Putnam County Health Department

P.O. Box 507
Greencastle, IN 46135
Phone: (765) 653-0203 Fax: (765) 653-0208
In.gov/localhealth/putnamcounty

Permit/Case Number: _____

Type of Record Requested: _____
(septic permit/inspection- prior to 1990 are limited., complaint inspection, food inspection, etc.)

Date/Year of Event: _____

Name on Record: _____

Address on Record: _____
Street City State Zip

Purpose for record being requested: _____

Signature of Applicant: _____

Mailing Address: _____
Street City State Zip

Phone: _____ Email address: _____

APPLICATIONS FOR PUBLIC RECORD – Record Request are \$3.00 per request

MAIL – IN – REQUEST

TO BE COMPLETED BY A NOTARY PUBLIC.

ID Used: Valid Drivers License **OR** Valid State ID Card **OR** Valid Passport **OR** Valid Military ID Card
(Circle ID Type Used for Identification)

Issued by, _____ with the identification number of _____
(State or Government Agency Issuing the ID) (Identification # Printed on ID)

with expiration date of _____ Date: _____

Signature of Notary Public _____ My Commission Expires on: _____

For Office Use Only

Date Received: _____ Record Request Found: YES or NO

Clerk: _____ Receipt Number: _____

09.23