



Public Health
Prevent. Promote. Protect.

Putnam County Health Department

P.O. Box 507
Greencastle, IN 46135
Phone: (765) 653-0203 | Fax: (765) 653-0208
putnamcountyhealth.in.gov



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 Number: _____ 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 Driver's 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 the expiration date of _____ Date: _____

Signature of Notary Public: _____ My Commision Expires on: _____

For Office Use Only

Date Received: _____

Record Request Found: YES or NO

Clerk: _____

Receipt Number: _____

10.24

Complete all items above and provide identification as required according to IC 5-14-3.