



# 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.