



PROVIDING COMMUNITY HEALTH DIRECTION

PAULDING COUNTY HEALTH DEPARTMENT & WIC

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Public Records Request

Person Requesting Record: Telephone Number: Requestor Address: Email/Fax#: How would you like this information provided? Type of Record Requested: Signature: Date: \*Signature required for release of records.

For PCHD Use Only

Date Request Received: Initials: Date Request Fulfilled: Initials: (copy sent, given to requesting individual, or individual notified document(s) ready for pick-up) How was information Provided? Request Denied (see notes) List Information Provided: Notes: