

**Mental Health and Recovery Services Board of Allen, Auglaize and
Hardin Counties**

Public Records Request Form

Date in-person, verbal, written or email request received (date-stamp written requests):

Name of Requester (only if voluntarily provided; requests can be under a pseudonym or made anonymously):

Address (required for mail): _____

City: _____ **State:** _____ **Zip Code:** _____

Phone (Optional): _____ **Email** (Optional): _____

Description of Records:

Desired Format (paper, electronic, etc.):

Method of Delivery (in person or via email, standard mail, electronic media, etc.):
