Office of Oneida County Health Department
Request for Public Records

Procedure for Obtaining Records:

1) Make your request orally or in writing (your choice) to the Records Custodian. If you choose not to put your request in writing below, a staff person will do so in order to process your request.

2) The Custodian of the Health Department Records will apply state laws to determine if there are any records that are responsive to your request and if there are responsive records if they should be released.

3) If it is determined that records are to be released pursuant to your request the Health Department will provide a place (and time) for you to review them. If you know in advance that you want copies of the records, please specify.

4) If your request is denied, the records Custodian will explain why your request cannot be granted, or granted exactly how you requested. You may also ask that the reasons for the denial be written and given to you.

5) Records are available for inspection and copying during regular business hours.

6) If no other copy fee is set by law, the standard cost for each copy is $0.25. The actual direct cost of any transcription, photographic work, or postage will be charged. A location fee will be charged if set by law or if the actual cost of locating the record is $50.00 or more.

7) Oneida County employees seeking access to records for personal use will be expected to follow this procedure.

Date: ____________________________ Time: ____________________________

* Name of Requester______________________________________________________
* Address_______________________________________________________________________
* Telephone Number______________________________________________________________
  • Specific Description of Record(s) Requested
    ______________________________________________________________________
    ______________________________________________________________________
    ______________________________________________________________________
    ______________________________________________________________________

FOR OFFICE USE ONLY

• Employee Taking Request________________________________________________________

*This Request is to be submitted to the Records Custodian as Soon as Possible

• Date/Time Approved by Records Custodian________________________________________
• Signature of Records Custodian__________________________________________________

*This information is not required by law

Revised 11/19/2007