The Four County
ADAMhs Board
Four County Board of Alcohol, Drug Addiction and Mental Health Services

Tonie S. Long, CEO

T-761 SR 66 • Archbold, OH 43502 • (419) 267-3355 • Fax (419) 267-3353

Public Records Request Form

This form is not mandatory. You are **NOT** required to make a written request or provide your identity, but this form will help us fulfill your request in a timely manner. Please return this form to **angie@fourcountyadamhs.com**

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____

Records request: **Provide as much specific detail as possible so the public body can identify the information you are seeking.*

How would you like to view the records?

- Inspect the records in person
- Email me the records at the email address above
- Mail me the records at the address above
- Make a flash drive or paper copies of the records that I may pick up

Potential costs:
$.5 per paper copy
$2 per flash drive
Mailing costs may vary depending on size and postal rate

Please send the completed form to Attn: Angie Abels, T-761 SR 66, Archbold, OH 43502, or email to angie@fourcountyadamhs.com

Employee Handling Request _____ Date fulfilled _____