CITY of CLEVELAND - DEPARTMENT of PUBLIC HEALTH

Print Form

75 Erieview Plaza, 2nd Floor, Cleveland, OH 44114-1839
Attn: Belinda Saldana Phone#: 216-664-7499, FAX #: 216-664-2197
or email form to: CDPHPublicRecordsRequest@city.cleveland.oh.us

CDPH#
(For office use only)

CITY OF CLEVELAND
Mayor Frank G. Jackson

Public Records Request

This is a writable and printable form. Click on the spaces to type in requested information.

DATE:

Click on Box(es) that applies:

☐ Division of Environment ☐ Division of Health ☐ Division of Air Quality ☐ Health Administration

Hovering over the BOX with curser to obtain additional divisional responsibilities

REQUESTING PARTY INFORMATION

Requestor's NAME:

Company / Affiliation:
write "CITIZEN" if no company

Address:

City / State / Zipcode:

TELEPHONE NUMBER:
Including Area Code
Enter Area Code +Number e.g. 2223338888

FAX NUMBER:
Including Area Code
Enter Area Code +Number e.g. 2223338888

Email Address:

FACILITY / PROPERTY / INFORMATION REQUESTED

Site Information:
WHO or WHAT

Address:

City / State / Zipcode:

SPECIFIC INFORMATION of DOCUMENTS REQUESTED

Please add specific file request information. (e.g. Types of records, time period, etc.)

Ohio's Public Records law does not require written requests for file reviews. The Cleveland Department of Public Health encourages the public to make requests in writing, which will enable this department to track the request and ensure an efficient and comprehensive response.