



Wheeling-Ohio County Health Department

WOCHD Freedom of Information Act Request Form

Complete this form out in its entirety. Use the request area to describe which records/information you are requesting. You may print out another page to attach. Be as specific as possible to aid us into helping fill your request (i.e. sewage system records, inspection reports for permitted establishments, Board of Health information, financial audits, etc.). Any and all information regarding FOIA can be found in WV State Code 29B-1-1. A written response will be sent to you within five (5) days of submitting your request. The 5-business daytime period will begin on the first business day after the request is received, during the business hours of Monday-Friday 8AM-4PM. This does NOT include Saturdays, Sundays, or legal holidays. Fees may apply to your request. The cost is \$0.50 per printed page. If under \$5.00 there will be no charge. (Wheeling-Ohio County Board of Health approved policy, 10/11/2016)

Please mail to address listed below or drop off in person.

Name: _____

Address: _____

City/State/Zip: _____

E-mail Address: _____

Daytime Phone: _____

Date of Request: _____

INFORMATION REQUESTED

Signature: _____ Print Name: _____