



James A. Barcia
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FREEDOM OF INFORMATION REQUEST

The undersigned request copies of Bay County Health Department records pertaining to:

"As provided in the Freedom of Information Act, you will be billed for processing your request unless you submit written proof that you are indigent."

This request is made in compliance with the Freedom of Information Act

Printed Name of Requestor or Organization **Date**

Signature of Requestor

Mailing Address **State** **Zip Code**

Phone Number **E-mail Address**

****All information, with the exception of the e-mail address, is required****