

## Wetzel-Tyler Health Department

## Freedom of Information Act (FOIA)

We ask that you please fill this form out in it's entirety. Please use the request box to describe which records you desire. You may print out another page to attach. Please be as specific as possible to aid us into helping fill your request. Any and all information on FOIA can be found in WV CODE 29B-1-1. A written response will be sent to you with five (5) days of submitting your request. The 5 business day time 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. Please mail to address listed below or drop off in person.

Name:Address		
City/State/ZipE-mail Address		- -
Daytime Phone		_
Date of Request		_
	REQUEST	
Signature Line:		
Print Name:		



Rev. July 2025