

Muskingum Area Mental Health and Recovery Services Board

Public Records Request:

Date in-person, verbal, written or email request received (date-stamp written requests):

Name of Requester (only if voluntarily provided; requests can be under a pseudonym or made anonymously): _____

Address (required for mail): _____

City: _____ State: _____ Zip Code: _____

Phone (optional): _____ Email (optional): _____

Description of records: _____

Desired format (paper, electronic, etc.): _____

Method of delivery (in person or via email, standard mail, electronic media, etc.):

Requests should be submitted to:

Misty Cromwell

Mail: 1500 Coal Run Rd, Zanesville OH 43701

Email: mistyc@mhrs.org

Phone: 740.454.8557