

CUYAHOGA COUNTY BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

Request for Information from Grantee

Return completed form to Planning Council Support ClevelandTGAPC@ccbh.net

Please print clearly

Date: _____

Form Submitted By:

Name: _____

Committee: _____

Date Information Needed: _____

Request Description:

Please attach any supporting documents if necessary.

Verified by Executive Committee: Yes

Date: _____

PC Co-Chair : _____

<p>For Internal Use: Date Request Received: Date Completed: Notes:</p>

5550 Venture Drive ♦ Parma, Ohio 44130

Direct: 216-201-2000 ♦ Fax: 216-676-1311 ♦ TTY: 216-676-1313 ♦ www.ccbh.net

Terrence M. Allan, R.S., M.P.H. Health Commissioner