

Health Department Public Records Request Template

Please fill out this form to request public records from the Health Department. Once completed, print this page for your records or submission.

Requester Information

Full Name:

Organization (if applicable):

Mailing Address:

Phone Number:

Email Address:

Description of Records Requested

Please be as specific as possible. Include facility names, addresses, dates, or permit numbers if known.

Type of Records (e.g., Food Inspection, Septic Permit, Environmental Report):

Detailed Description of Requested Documents:

Applicable Date Range (e.g., MM/DD/YYYY to MM/DD/YYYY):

Facility Name and Address associated with the records:

Delivery Method Preference

Specify preferred delivery (e.g., Email, Standard Mail, In-Person Pickup):

Acknowledgment and Signature

By signing below, I certify that the information provided is true and correct to the best of my knowledge.

Signature of Requester (Sign here after printing):

Date of Request: