



Bureau of Environmental Health

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Maura J. Rossman, M.D., Health Officer

Public Information Act Request Form

Property Information Requested:
Current Owner's Name
Property Address
Subdivision
Lot #
Tax Map
Parcel

Applicant's name:
Phone #
Address:

Select from the following records:

Well & Septic Program

- Percolation Results
Well Completion Report
Other (specify)
Septic Construction Plan (As built)
Complete Lot File

Food Protection Program

- Inspection Report - Food Facility Name:
List of food facilities
Other (Please explain):

Community Hygiene Program

- Complaint Investigation Reports
Registered Storage Tanks
Rabies Case Reports
Well Water Sampling
Pool Inspection Records
Other

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Please indicate preferred response method for your request:

Regular Mail
Fax:
Email:

Applicant's Name (please print)
Applicant's Fax #

Applicant's Signature
Date

FOR OFFICE USE ONLY
Date Received
Date Completed
# of Copies Made
No Record Found
Preparation Time
Staff Initials