

**ELKHART COUNTY HEALTH DEPARTMENT**

**RECORDS REQUEST**

Requested by:

Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Complete all that applies:

Records Requested (Describe): \_\_\_\_\_

Establishment Location: \_\_\_\_\_

Address: \_\_\_\_\_

Township: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot # \_\_\_\_\_

Builder or Installer: \_\_\_\_\_ Year Built: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Subject: \_\_\_\_\_

**NOTE:** A Records Search Fee may apply to this Records Request. Please ask a Health Department Representative as to the fees that may be charged. In addition, a charge of fifteen cents (\$.15) per page will be assessed for each copy request.

The Elkhart County Health Department does not guarantee nor warrant the accuracy of any information or documentation provided pursuant to this Records Request nor does it guarantee or warrant that all information and documentation has been located. The Records Search is performed merely as a service to you.

Please return the completed form to:

Elkhart County Health Department  
4230 Elkhart Road  
Goshen, IN 46526  
FAX: 574-875-3376                      PHONE: 574-875-3391

Signature: \_\_\_\_\_

**-----FOR HEALTH DEPARTMENT USE-----**

Request Requires Health Officer Approval:                      Yes \_\_\_\_                      No \_\_\_\_

Request Required Department Head Approval:                      Yes \_\_\_\_                      No \_\_\_\_

Request Approved by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Made: \_\_\_\_\_ Copy Fee: \_\_\_\_\_

Action Taken:      APPROVED \_\_\_\_      DENIED \_\_\_\_                      Search Fee: \_\_\_\_\_

If denied, statutory exemption for withholding the public record: \_\_\_\_\_

**ELKHART COUNTY HEALTH DEPARTMENT**

By: \_\_\_\_\_  
(Name, Title)

\_\_\_\_\_ Date processed

SEARCH TIME \_\_\_\_\_

FILE TIME (X2) \_\_\_\_\_

TOTAL TIME \_\_\_\_\_

RECORDS SEARCH FEE \_\_\_\_\_

RECORDS SEARCH FEES

- |    |   |                     |
|----|---|---------------------|
| 1. | REQUEST REQUIRED 15 MINUTES OR LESS                               | \$ 0.00             |
| 2. | REQUEST REQUIRES 15 TO 30 MINUTES                                 | 20.00               |
| 3. | REQUEST REQUIRES 30 TO 45 MINUTES                                 | 30.00               |
| 4. | REQUEST REQUIRES 45 TO 60 MINUTES                                 | 40.00               |
| 5. | ALL FRACTIONS OF AN HOUR BEYOND<br>60 MINUTES WILL BE ASSESSED AT | 20.00 PER HALF HOUR |