

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 60 MINUTES WILL BE ASSESSED AT | 20.00 PER HALF HOUR |