ELKHART COUNTY HEALTH DEPARTMENT RECORDS REQUEST

Requested By:
Applicant: ____________________ Date: _____ / _____ / ______

Company: ____________________ Phone #: __________________

Address: ____________________ City: ______________ State: ______ Zip: __________

Email: ____________________ Fax: ____________________

Complete all that applies:
Specific Records Requested (Describe): ____________________

Establishment Name: ____________________
Address/Location: ____________________ Township: __________

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. A charge of fifteen cents ($0.15) per black and white 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.

Signature: ____________________________________

Please return the completed form to:
Elkhart County Health Department
4230 Elkhart Road, Goshen, IN 46526
evhhealth@elkhartcounty.com
Fax: (574) 971-4599 Phone: (574) 971-4600

*FOR HEALTH DEPARTMENT USE ONLY*

Request Requires Health Officer Approval: Yes____ No____
Request Requires Department Head Approval: Yes____ No____
Request Approved By: ____________________ Date: _____ / _____ / ______

Number of Copies Made: ______ Copy Fee: ______ Search Fee: ______

Action Taken: Approved____ Denied____ If denied, statutory exemption for withholding the public record: ______

ELKHART COUNTY HEALTH DEPARTMENT

Records Request Completed By: ____________________ Date Processed: _____ / _____ / ______

(Name, Title)
**RECORDS SEARCH FEES**

1.) REQUEST REQUIRED 15 MINUTES OR LESS   $0.00  
2.) REQUEST REQUIRED 15 TO 30 MINUTES     $30.00  
3.) REQUEST REQUIRED 30 TO 45 MINUTES     $40.00  
4.) REQUEST REQUIRED 45 TO 60 MINUTES      $50.00  

*ALL FRACTIONS OF AN HOUR BEYOND 60 MINUTES WILL BE ASSESSED AT $30.00 PER HALF HOUR*