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: 574-971-4599   PHONE: 574-971-4600

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
RECORDS SEARCH FEES

1. REQUEST REQUIRED 15 MINUTES OR LESS  $ 0.00
2. REQUEST REQUIRES 15 TO 30 MINUTES  30.00
3. REQUEST REQUIRES 30 TO 45 MINUTES  40.00
4. REQUEST REQUIRES 45 TO 60 MINUTES  50.00
5. ALL FRACTIONS OF AN HOUR BEYOND 60 MINUTES WILL BE ASSESSED AT 30.00 PER HALF HOUR