



**Bureau of Environmental Health**  
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*Peter Beilenson, M.D., M.P.H., Health Officer*

## Public Information Act Request Form

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

**Applicant's Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

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

**Select from the following records:**

**Well & Septic Program**

- |   |  |
|---|--|
| <input type="checkbox"/> Percolation Results    | <input type="checkbox"/> Septic Construction Plan (As built) |
| <input type="checkbox"/> Well Completion Report | <input type="checkbox"/> Complete Lot File                   |
| <input type="checkbox"/> Other (specify) _____  |  |

**Food Protection Program**

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

**Community Hygiene Program**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Complaint Investigation Reports | <input type="checkbox"/> Rabies Case Reports | <input type="checkbox"/> Pool Inspection Records |
| <input type="checkbox"/> Registered Storage Tanks        | <input type="checkbox"/> Well Water Sampling | <input type="checkbox"/> Other                   |

**Please indicate how you would like us to respond to your request:**

Regular Mail     Fax: \_\_\_\_\_     Email: \_\_\_\_\_

I understand that I will be charged \$ .60 per page copied. If staff time in record retrieval takes more than two(2) hours, then a fee of \$25.00 per hour after two (2) hours will be assessed. Also, I do understand that I will not be able to request any proprietary information enclosed in the file and all copies larger than 11"x17" may best be provided by the proprietor of the document. I also realize that it may take up to thirty (30) days to process this request.

\_\_\_\_\_  
 Applicant Signature Date

<b>FOR OFFICE USE ONLY</b>		
Date Received	Date Completed	# of Copies Made
Record Found	Preparation Time	Staff Initials