

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
envhealth@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: _____ (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 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