

Caroline County Health Department

Division of Environmental Health www.carolinehd.org

P.O. Box 10 Denton, Maryland 21629

410/479-8045 (FAX 410/479-4082)



FREEDOM OF INFORMATION ACT REQUEST FOR RECORDS SEARCH

Complete sections A-C only. PLEASE PRINT. Please use separate forms for separate parcels.
CANNOT PROCESS INCOMPLETE APPLICATIONS. Please allow 30 days processing time.

Under State Government Article 10-611-628 a records search is requested for property listed below:

A) APPLICANT (Request information be faxed to (Fax#): _____

NAME: _____

BUSINESS NAME (if applicable) _____

Mailing address: _____

DAY PHONE: _____

Include Street or Post Office Box, City, State, ZIP CODE

OR EMAIL RESULTS TO: _____

B) Information requested for property located at: (911 address) _____

CURRENT OWNER: _____

NAME OF SUBDIVISION _____

SPECIFIC RECORDS REQUESTED:

MAP _____ GRID/BLOCK _____ PARCEL _____ LOT# _____

PERC SEPTIC WELL OTHER (SPECIFY) _____

Applicant's Comments:

If copies made, I understand that a minimum \$1 fee will be charged for copies under 4 pages and additional fees assessed for more than 4 copies. I also understand that if staff time in record retrieval takes more than two (2) hours, then additional fees will be assessed.

X _____

C) Applicant's signature

_____ Date

-----HEALTH DEPARTMENT USE ONLY-----

FILE CONTAINED INFORMATION RESTRICTED BY LAW? _____ IF YES, DESCRIBE ACTION BELOW:

H.D.COMMENTS:

_____ COPIES MADE \$ _____ PAID RECEIPT # _____

DATE FILE RETRIEVED: _____

HIFIA REQUEST FOR RECORDS SEARCH—JAN09

WITNESS TO INSPECTION: _____

CUSTODIAN SIGNATURE