



Bureau of Environmental Health

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Maura J. Rossman, M.D., Health Officer

Public Information Act Request Form

Please note: Many of our Well and Septic Program records are available on our website. hcenvhealthinfo.org/hcenvapp

Required Property Information:

Current Owner's Name, Property Address, Subdivision, Tax Account Number, Lot #, Tax Map Parcel

Applicant's name: Phone #

Address:

Please indicate preferred response method for your request:

Regular Mail Fax #: Email:

Select from the following records:

Well & Septic Program

Percolation Results, Septic Construction Plan (As built), Well Completion Report, Complete Lot File, Other (specify)

Food Protection Program

Inspection Report - Food Facility Name, List of food facilities, Other (Please explain)

Community Hygiene Program

Complaint Investigation Reports, Rabies Case Reports, Pool Inspection Records, Registered Storage Tanks, Well Water Sampling, Other

I understand that I will be charged \$ 0.60 per page copied. If staff time in record retrieval takes more than two (2) hours, a fee of \$25.00 per hour, after two (2) hours, will be assessed. I understand that I will not receive any proprietary information enclosed in the file. All copies larger than 11"x17" may best be provided by the proprietor of the document. I realize that it may take up to fifteen (15) days to process this request.

Applicant's Name (please print)

Applicant's Signature Date

FOR OFFICE USE ONLY

Date Received

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Staff Initials