



# Clark County Public Health

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(360) 397-8000 • fax (360) 397-8091

[www.clark.wa.gov/public-health](http://www.clark.wa.gov/public-health)

## Request for Access to Public Records

_____ PRINT NAME OF REQUESTING INDIVIDUAL		_____ MAILING ADDRESS
_____ BUSINESS NAME (IF APPLICABLE)		_____ CITY, STATE, ZIP CODE
( ) _____ PHONE NUMBER	( ) _____ FAX NUMBER	_____ E-MAIL ADDRESS

PLEASE PROVIDE THE FOLLOWING PUBLIC RECORDS FOR REVIEW OR COPIES:

**NOTE: TO LIMIT COPIES, PLEASE BE AS SPECIFIC AS POSSIBLE**

PROPERTY ADDRESS(ES): \_\_\_\_\_

TAX PARCEL NUMBER(S): \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> DRINKING WATER WELLS   | <input type="checkbox"/> FOOD ESTABLISHMENTS (PERMITTED FACILITY) |
| <input type="checkbox"/> SEPTIC SYSTEM/OPERATION & MAINTENANCE  | <input type="checkbox"/> SOLID WASTE (PERMITTED FACILITY)         |
| <input type="checkbox"/> COMPLAINT (I.E. FOOD, SEPTIC, SOLID WASTE,<br>HAZARDOUS WASTE, POOL/SPA, WELL/WATER, ETC.) | <input type="checkbox"/> POOL/SPA/REC. WATER (PERMITTED FACILITY) |
| <input type="checkbox"/> OTHER: _____   |   |

**NOTE: CLARK COUNTY PUBLIC HEALTH DOES NOT HAVE JURISDICTION REGARDING THE INSTALLATION/DECOMMISSIONING OF UNDERGROUND STORAGE TANKS**

### PLEASE SELECT ONE OF THE FOLLOWING:

- NOTIFY WHEN AVAILABLE FOR REVIEW; OR
- MAIL COPIES; OR
- HOLD COPIES FOR PICKUP; OR
- E-MAIL SCANNED ELECTRONIC COPY (PDF FILE) **NOTE: OPTION AVAILABLE FOR UNDER 10 PAGES**

**PAYMENT IS REQUIRED BEFORE COPYING. COPIES WILL BE CHARGED AT \$0.15 PER PAGE PLUS COST OF MAILING.**

**REQUESTOR AFFIRMS THAT INDIVIDUALS (NAMES AND ADDRESSES) WILL NOT BE USED FOR ANY COMMERCIAL PURPOSE (TO FACILITATE ANY PROFIT EXPECTING ACTIVITY).**

**ALL PUBLIC RECORDS REQUESTS WILL BE RESPONDED TO WITHIN 10 BUSINESS DAYS.**

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
CCPH Employee Accepting Request

\_\_\_\_\_  
Date Received

- Files/Records found for address(es) listed above
- NO** Files/Records found for address(es) listed above

\_\_\_\_\_  
CCPH Employee Signature

\_\_\_\_\_  
Date

CONTACT PHONE NUMBER: 360.397.8000 EXT \_\_\_\_\_

CCEPH RECORD NUMBER: EV0000 \_\_\_\_\_

**PLEASE SUBMIT COPY OF REQUEST FORM TO JOANNE ROBERTS, PUBLIC RECORDS OFFICER**