



Clark County Public Health

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(360) 397-8000 • fax (360) 397-8091

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): _____

DRINKING WATER WELLS

SEPTIC SYSTEM/OPERATION & MAINTENANCE

COMPLAINT (I.E. FOOD, SEPTIC, SOLID WASTE, HAZARDOUS WASTE, POOL/SPA, WELL/WATER, ETC.)

OTHER: _____

FOOD ESTABLISHMENTS (PERMITTED FACILITY)

SOLID WASTE (PERMITTED FACILITY)

POOL/SPA/REC. WATER (PERMITTED FACILITY)

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