



CLARK COUNTY PUBLIC HEALTH
 1601 E FOURTH PLAIN BLVD – VANCOUVER, WA 98661
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 360.397.8000 ♦ FAX 360.397.8091

PUBLIC RECORD REQUEST

 PRINTED 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 _____ COPIES

PLEASE BE AS SPECIFIC AS POSSIBLE TO LIMIT THE NUMBER OF COPIES

PROPERTY ADDRESSES(S):

TAX PARCEL NUMBER(S):

- | | |
|---|--|
| _____ DRINKING WATER WELLS | _____ FOOD ESTABLISHMENTS (PERMITTED FACILITY) |
| _____ SEPTIC SYSTEM/OPERATION & MAINTENANCE | _____ SOLID WASTE (PERMITTED FACILITY) |
| _____ COMPLAINT (E.G., FOOD, SEPTIC, SOLID WASTE, HAZARDOUS WASTE, POOL/SPA, WELL/WATER*) | _____ POOL/SPA/RECREATIONAL WATER (PERMITTED FACILITY) |
| SPECIFY: _____ | |

*** NOTE:** BE SURE TO INQUIRE AS TO THE APPROPRIATE REGULATORY/INVESTIGATING AUTHORITY FOR COMPLAINTS OTHER THAN THOSE LISTED ABOVE. FOR EXAMPLE, CCPH DOES NOT REGULATE FIRE AND ELECTRICAL ISSUES, OCCUPIED TRAVEL TRAILERS, JUNK AND DEBRIS, BUILDING CODE VIOLATIONS, OR THE INSTALLATION/DECOMMISSIONING OF UNDERGROUND STORAGE TANKS.

PLEASE SELECT ONE OF THE FOLLOWING:

- _____ NOTIFY WHEN AVAILABLE FOR REVIEW; OR
- _____ MAIL COPIES; OR
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- _____ E-MAIL SCANNED ELECTRONIC COPY (PDF FILE)

COPIES WILL BE CHARGED AT \$0.15 PER PAGE, AND PAYMENT IS REQUIRED BEFORE COPYING. 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 5 BUSINESS DAYS.

 REQUESTOR'S NAME

 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
 CONTACT PHONE NUMBER: 360.397.8000, EXT _____

 DATE
 CCEPH RECORD NUMBER: EV0000 _____