



Caroline County Health Department

Division of Environmental Health

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A State Agency Serving the People of Caroline County

We **prefer** you email your requests for records. **Please use one email per property.** Please be specific about records requested. Multiple requests under one email and/or form may be over looked. *FYI: emails are easier to process and generally take less than 30 days to process.* Faxed requests may take up to 30 days to process.

TO: erica.stafford@maryland.gov

SUBJ: Records Search Request for (911 address of property – or tax ID number)

BODY OF EMAIL SHOULD BE SOMETHING LIKE: Please send me well/septic/perc records for the above referenced property. The Map is __, Parcel __ (Lot number if in sub'd and name of subdivision)

If you are unable to email a request, complete the form below; submit your request either by mail or fax (410) 479-4082

MARYLAND PUBLIC INFORMATION ACT (“PIA”) 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 business days processing time

Under General Provisions Article (“GP”), §§ 4-101 through 4-601, Annotated Code of Maryland, a records search is requested for the property listed below:

A) APPLICANT (Request information to 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 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# _____ PT ID# _____

DATE FILE RETRIEVED: _____

WITNESS TO INSPECTION: _____

:SIFORMS:RS and email protocol.2015.doc

CUSTODIAN SIGNATURE

Revised-September 2015