



Environmental Services Division ♦ Vector Control & Healthy Homes Program
2242 Carroll Road ♦ Fort Wayne, IN 46818

Phone: (260) 449-7459 ♦ Fax: (260) 449-7460 ♦ www.allencountyhealth.com

ALLEN COUNTY PROPERTY RECORDS ASSESSMENT AND REQUEST FORM (“Phase 1 Requests”)

Date: _____ Name: _____ Company/Affiliation: _____

Phone # _____ Fax # _____ Email address _____

Primary Address or Description of Area: _____

Secondary Addresses: _____

Records Requested:

Property Only:

Adjacent Properties:

.10 Mile Radius

.25 Mile Radius

___ AST / UST	___	___	___	___
___ Air Permits	___	___	___	___
___ LUST	___	___	___	___
___ NPDES	___	___	___	___
___ Meth Lab Notifications/Other	___	___	___	___
___ RCRA	___	___	___	___
___ Remediation Sites	___	___	___	___
___ Spills	___	___	___	___
___ Public Water Supply Wells	___	___	___	___
___ Abandoned Sewage Systems	___	___	___	___
___ Complaints (State-related records)	___	___	___	___
___ Complaints (DOH-related records)	___	___	___	___

Options for Obtaining the Records:

☐ I prefer to visit the Department of Health office to view the records myself to determine which copies I would like. The visit will need to be scheduled to ensure the necessary files are pulled and an employee is available to assist. (COST: The cost for this is 10 cents per copied page for 10 or more pages. Requests for copies less than 10 pages are free.)

☐ I am requesting the Department of Health to copy the records requested above and send them to me. Choosing this option means: The Department of Health will provide you with copies of records in its files from the list you’ve chosen above. We will not develop a summary report, provide links to other agencies, nor download their records to provide to you. (COST: The cost for this is free if done through email. The cost for US Mail is dependent on the number of copies and cost for shipping, which must be paid in advance by check or money order. If there are less than five total pages of records, there is no cost for mailing.)

☐ I do not want actual copies of the records. I am requesting the Department of Health to pull the records requested above AND to create a formal summary report of the records that it is aware exist and send me the summary report via email. (COST: There is a charge for compiling the report which is \$25 regardless of the amount of records involved. This fee must be paid in advance by check or money order.)

- If requesting records of other addresses around the primary address, please list them above as secondary addresses.
- This request form can be mailed to the Allen County Department of Health, 200 E. Berry St., Suite 360, Fort Wayne, IN 46802 or dropped off at the same address. Hours are Monday – Friday, 8 a.m – 4:30 p.m.

Requestor Signature: _____ Date: _____

MAILING ADDRESS (if records will be mailed): _____
(street) (city) (state) (zip)

-----FOR OFFICE USE ONLY BELOW THIS LINE-----

Rec'd: _____ Record ID: _____ Receipt Number: _____ Date Payment Entered: _____ Clerk: _____