

Ventura County Environmental Health Division 800 S. Victoria Ave., Ventura CA 93009-1730 TELEPHONE: 805/654-2813 or FAX: 805/654-2480

Internet Web Site Address: www.ventura.org/rma/envhealth

RECORDS SEARCH REQUEST

INSTRUCTIONS TO APPLICANT:

- 1. Information is available online; check the EHD website, under Programs, On-line Records Search.
- 2. For records not found on-line, complete one request form for each site for which you require information.
- 3. Complete all of the information requested on this page, including File ID #s, FA #s, or APN #s.
- 4. For answers to frequently asked questions, please read the attached.
- 5. Copies (check the appropriate box below)
 - a. For letter or legal size, there is no charge. We provide one copy, in black and white.
 - b. For blueprints, there is a charge. Check with the Records Search Coordinator; the fee could change annually.
- 6. Appointments to view records (check the appropriate box below)
 - a. There is no charge.
 - b. The appointment must be scheduled IN ADVANCE with the Records Search Coordinator.
 - c. If copies are requested during the viewing appointment, if 10 pages or less, we will provide the copies at the time of the viewing; if 11 pages or more, we will provide the copies in 2 or 3 business days.
- 7. Blueprints-Pursuant to the California Health and Safety Code Section 19851, EHD <u>cannot provide copies</u> of blueprints unless you are the owner of the facility or have permission from the certified, licensed, or registered professional who originally signed the blueprints. If you are not the owner, EHD can only allow you to "view" the blueprints.

RECORD SEARCH INFORMATION

	Business Name/Property Owner	
SITE	Street Address	
INFORMATION	City	
	☐ Business Plan	FA #
	☐ Hazardous Waste Producer	FA #
TYPE OF	☐ Underground Storage Tank - Operating Site	FA#
INFORMATION	☐ Underground Storage Tank - Closed Site	File ID# D
REQUESTED	☐ Underground Storage Tank - LUFT Cleanup Site	File ID# C
	☐ Individual Sewage Disposal System (Septic)	APN#
	☐ Food Inspection Report ☐ Pool Inspection Report	FA#
	☐ Other	
CHECK ONE	☐ Copy the record(s) not available online ☐ Appointment	t to view requested
REQUESTOR INFORMATION		
Name		
Company Name _		
Street Address		
City	State Zip	
Telephone Number	·	
SIGNATURE	DATE	