

## ENVIRONMENTAL HEALTH INFORMATION REQUEST FORM

APPLICANT INFORMATION			
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms	<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Last Name	First Name
Company or Organization Name (if applicable)			
Mailing Address			
City / Town		Province	Postal Code
Telephone (home)	Telephone (work)	Fax	Email
<b>What records are you requesting? Please give as much detail as possible.</b> <input type="checkbox"/> Inspection report (s) - Unless otherwise specified below, only thorough inspections will be released for "most recent" / over a date range <input type="checkbox"/> Water sample results - Records for non-public drinking water supplies (e.g. private well) require third party consent <input type="checkbox"/> Records search - Please enclose completed Consent to Disclose Information Form <input type="checkbox"/> Other (describe) _____ _____ _____			
<b>For what facility /address / legal land description?</b> _____ _____			
<b>For what purpose do you require this information?</b> _____ _____			
<b>Is there any other information we may require to proceed with your request?</b> <i>Please give as much detail as possible.</i> _____ _____			
<b>For what time period? (not needed for records search)</b> <input type="checkbox"/> Most recent inspection report - For a request for a single inspection report, please enclose the \$15 fee for immediate processing <input type="checkbox"/> Specific date _____ <input type="checkbox"/> Date range _____ to _____ <input type="checkbox"/> Other (describe) _____ _____			
Applicant Signature			Date
Date Received by the Alberta Health Services-CHR		Assigned Request Number	