



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 first at www.vcenvhealth.org before completing a request.
2. For records not found on-line, complete one request form **for each address/site** for which you require information. Address ranges cannot be processed. Site inventory lists are available on our website.
3. Complete all of the information requested, including File ID #s, FA #s, or APN #s. These are available from the lists on our web page.
4. For answers to frequently asked questions please see our web page.
5. Copies (*check the box below, chcti gu'o c! 'crrn!*)
6. Appointments to view records (*check the appropriate box below*)
 The appointment must be scheduled IN ADVANCE with the Records Search Coordinator.
7. Blueprints
 Pursuant to the California Health and Safety Code Section 19851, EHD cannot provide copies 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

SITE INFORMATION	Business Name/Property Owner	
	Street Address	
	City	
TYPE OF INFORMATION REQUESTED	<input type="checkbox"/> Business Plan (Not available for addresses in Oxnard, Santa Paula or Ventura)	FA #
	<input type="checkbox"/> Hazardous Waste Producer (Not available for addresses in Oxnard)	FA #
	<input type="checkbox"/> Underground Storage Tank - Operating Site (Not available for addresses in Oxnard or Ventura)	FA#
	<input type="checkbox"/> Underground Storage Tank - Closed Site (Not available for addresses in Oxnard or Ventura)	File ID # D
	<input type="checkbox"/> Individual Sewage Disposal System (Septic)	APN #
	<input type="checkbox"/> Food Inspection Report <input type="checkbox"/> Pool Inspection Report	FA#
	<input type="checkbox"/> Other	
CHECK ONE	<input type="checkbox"/> Copy the record(s) not available online <input type="checkbox"/> Appointment to view requested	

REQUESTOR INFORMATION

Name _____

Company Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____ Email _____

SIGNATURE _____ DATE _____