

CHRISTIAN COUNTY HEALTH DEPARTMENT  
Environmental Division

301 E BRICK  
PO BOX 340  
OZARK, MO 65721

Phone 417-581-8183  
Fax 417-581-6130

## Records Request Form

Person requesting record: \_\_\_\_\_

Requester Address:

\_\_\_\_\_  
Street City State Zip

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

*Please be specific with the details below:*

Information requested:  Water Test Results  
 Wastewater system details (includes: application, sketch, soil report)  
 Food Inspection Report  
 Other \_\_\_\_\_

Address of information requested \_\_\_\_\_

Reason for request:  Septic Inspection  
(Check all that apply)  Real Estate transaction/closing  
 Food Quality Assurance Programs  
 Record keeping  
 Other \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### FOR OFFICE USE

Information provided:  Water Test Results  
 WW electronic file  
 Food Inspection report (dates) \_\_\_\_\_  
 Other

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date