KENT COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION
700 Fuller Avenue N.E.
Grand Rapids, Michigan 49503
(616) 632-6900
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www.accesskent.com/Health

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH

CATHY RAEVSKY
ADMINISTRATIVE HEALTH OFFICER

RECORDS REVIEW REQUEST FORM

I am requesting to receive a copy of the following records by: ☐ Mail ☐ Fax ☐ Pick up in Person

I understand all record requests are processed on a first come, first serve basis and could take up to six business days to process. If necessary, an extension will be filed and notification mailed within that time frame.

Documents Requested (Describe precisely the records or documents requested. Vague or unclear requests cannot be processed):

_____

_____

_____

_____

Street Address of Property (Kent County Environmental Health Division records are filed by street address):

_____

_____

Requesting Party:

Name:_____

Company:_____

Address_____

City:_____ State:_____ Zip:_____

Telephone:_____ Facsimile:_____

E-Mail: _____

Signature of Requesting Party: _____ Date: _____

Eight dollars ($8.00), non-refundable, per address and/or program file search must be received at time of request. This includes a maximum of ten (10) minutes of clerical time and four (4) photocopies. Additional time and photocopies invoiced at actual service time costs and photocopies at $1.00 for each group of 10 or less. All costs in excess of $8.00 will be invoiced and payment must be received prior to release of documents. ***Payment methods available are cash, check, money order, Visa, Discover or MasterCard.***

Credit Card # ____ ____ ____ ____ – ____ ____ ____ ____ – ____ ____ ____ ____ – ____ ____ ____ ____

Expiration Date: ____ ____ / ____ ____ *Month / Year* MasterCard, Visa or Discover *(Circle One)* Contact Phone: (____)_____

Name as it appears on card: _____