



**Department of Health**  
**Bureau of Environmental Health**  
3 Harry S. Truman Parkway  
Annapolis, Maryland 21401  
410-222-7364 Fax: 410-222-7678

**Request to Review/Obtain Copies of Housing and Food Protection Records:**

Applicant Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Applicant Address \_\_\_\_\_

Owner of Property \_\_\_\_\_

Address of Property \_\_\_\_\_

Requested Records:

Food Inspection Records     Food Complaint Records     Housing Complaint Records     Other \_\_\_\_\_

Department of Health  
Record File Number \_\_\_\_\_ Tax Account Number (12 digits) \_\_\_\_\_

Property Description/Identification:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUESTS FOR RECORDS MAY TAKE UP TO 30 DAYS TO PROCESS.**

**CHECK OR MONEY ORDER SHOULD BE MADE PAYABLE TO "CONTROLLER - ANNE ARUNDEL COUNTY."**

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**(FOR DEPARTMENT USE ONLY)**

Date Request Received by Department \_\_\_\_\_ Receipt # \_\_\_\_\_

Number of Copies Issued \_\_\_\_\_ at 50¢ a copy \*Charge for Staff Time \_\_\_\_\_ \*Postage \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_ Total Amount Due \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

(\*If Applicable)