



Environmental Health Division Information Request Form

Email Form to: eh@carson.org



Visit Our New and Improved Website!
Scan our QR code to be taken to our website.

Carson City Health and Human Services
Environmental Health Division
900 E Long St Carson City, NV 89706
Phone: 775-887-2190 Gethealthycarsoncity.org

DATE OF REQUEST SUBMITTAL: ____ / ____ / ____ DATE REQUESTING RESPONSE FROM EH: ____ / ____ / ____

- After a record requests is submitted, please allow 24-48 hours for a response from the Environmental Health Division Administration Team.
- Records will be sent via the Email listed if not specified for a different selection at the bottom of this form.
- Records containing large maps/plans will NOT be printed.
- This form must be filled out entirely in order to complete the request. If something does not apply, simply type N/A.
- If you have any questions please see our contact information at the top of this form, we are happy to assist.
- If you are requesting more than THREE addresses/locations/businesses, you must attach more forms. These must be completely filled out.
- Quick record checks will consist of an email response acknowledging the existence of records you are seeking. No attachments will be sent.

Requester Information

First and Last Name:		Phone:	
Business/Company Name:		Email:	
Business/Company Address:		City:	Zip Code:
Mailing Address:		City:	Zip Code:

Record Request Information

1	Business/Location Name:		
	Business/Location Address:		City: Zip Code:
	Type of Records Needed:		
2	Business/Location Name:		
	Business/Location Address:		City: Zip Code:
	Type of Records Needed:		
3	Business/Location Name:		
	Business/Location Address:		City: Zip Code:
	Type of Records Needed:		

By signing you certify that you, are indeed, the requester listed on this form, and that you are not, under the penalty of falsifying documentation, another person not listed on this document.

Signature

Printed Name

____ / ____ / ____
Date

Date Office Received Request: / /

Date Sent Requested Records: / /

Witness/Reviewer:

How Would You Like to
Receive Your Records?

Email
Mail

Quick Record Check
Other