RECORDS SEARCH REQUEST

Date of Request: _________________________

To: Cecil County Health Department
    Environmental Health Services
    401 Bow Street, Elkton, MD 21921
    Phone: 410-996-5160
    Fax: 410-996-5153

From: _______________________________________

Email: cchd.ehs@maryland.gov

PROPERTY IDENTIFICATION: Please supply as much information as possible. Incomplete property identification may result in incomplete or incorrect information, or longer search times. Searches will be conducted as quickly as time permits (Tax Map, Grid, and Parcel numbers can be found on your Tax Assessment Notice). We will inspect the documents we have on file for the referenced site to the best of our ability as they pertain to your specific request. If additional information in the file is determined in the future to be relevant to your request, this should not be construed as a lack of full disclosure on our part.

Current Owner: __________________________________________

Tax Map: ____________________

Property Address: __________________________________________

Grid: ____________________

Parcel: ____________________

Subdivision: __________________________________________

Block: ________   Section: ________   Lot: ________

Year Built: ____________________

Well Tag #: ____________________

INFORMATION REQUESTED:

☐ Septic Records

☐ Well Records

☐ Other (Please specify):

☐ Proposed Change (A more detailed proposal may be required):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

OFFICE USE ONLY:

Date Processed: ____________________   Health Specialist Initials: __________

☐ No Information found: make WLC file for future reference

☐ Record(s) sent (list):

________________________________________________________________________

________________________________________________________________________

☐ Additional Comments on Reverse and/or Attached

Revised 10/2017