

Department of Health

Bureau of Environmental Health

3 Harry S. Truman Parkway Annapolis, Maryland 21401 410-222-7192 Fax: 410-222-7479

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

Applicant Name	Phone Number	Email Address
Applicant Address		
Owner of Property		
Address of Property		
Requested Record:		
☐ Food Inspection Records ☐ Food Complaint Records	B Housing Complaint Reco	ords Other
Department of Health Record/File Number Tax Account N	Jumber (12 digits)	
Property Description/Identification:		
REQUESTS FOR RECOR CHECK OR MONEY ORDER SHOULD BE MA	DS MAY TAKE UP TO 30 DAYS TO ADE PAYABLE TO "CONTROLLER	
	Signature of Applicant	Date
(FOR DEP	PARTMENT 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)		

NOTE: Requests for patient medical records must also be accompanied by Form AADH 133 "Authorization to Obtain Confidential Information".