



ALLEN COUNTY PROPERTY RECORDS
ASSESSMENT AND REQUEST FORM

Date: _____ Name: _____ Company/Affiliation: _____

Phone # _____ Fax # _____ Email address _____

Primary Address or Description of Area: _____

Secondary Addresses: _____

Table with 5 columns: Records Requested, Property Only, Adjacent Properties, .10 Mile Radius, .25 Mile Radius. Rows include AST / UST, Air Permits, LUST, NPDES, Meth Lab Notifications/Other, RCRA, Remediation Sites, Spills, Public Water Supply Wells, Abandoned Sewage Systems, Complaints (State-related records), Complaints (DOH-related records).

Options for Obtaining the Records:

I prefer to visit the Department of Health office to view the records myself. (No charge for records, except 10 cents per copied page for 10 or more pages. If requesting records of other addresses around the primary address, please list them above as secondary addresses. The visit will need to be scheduled to ensure the necessary files are pulled and an employee is available to assist.)

I am requesting the Department of Health to craft a formal summary report of the records I am requesting and mail/email them to me. (There will be a \$25 non-refundable fee per primary address for this request. Payment must be submitted via cash or check paid to the Allen County Department of Health before the report will be provided. The payment and request form can be mailed to the Allen County Department of Health, 200 E Berry St, Suite 360, Fort Wayne, IN 46802 or dropped off at the same address. Hours are Monday – Friday, 8 am – 4:30 pm.)

NOTE: Payments made by check that result in non-sufficient funds will result in the requirement for immediate payment to the Allen County Department of Health (plus an additional NSF check fee) via cash, money order or certified check within 24 business hours. If payment is not received within 24 business hours of notification, the application process will be on hold until fees are paid in full. COLLECTIONS NOTICE: Any and all charges for services and permits are your sole responsibility and are to be paid in full upon application. In the event any legal proceeding must be instituted to recover the amount due, the Allen County Department of Health shall be entitled to recover the cost of the collections, including reasonable attorney fees.

Requestor Signature: _____ Date: _____

FOR OFFICE USE ONLY BELOW THIS LINE

Record ID: _____ Receipt Number: _____ Date Payment Entered: _____ Clerk: _____