



## RECORDS SEARCH REQUEST

### INSTRUCTIONS TO APPLICANT:

1. **Information is available online;** check the Environmental Health Division (Division) website first at [www.vcrma.org/records-search](http://www.vcrma.org/records-search)
2. For records not found online, complete one request form **for each address/site** for which you require information. Address ranges cannot be processed. Site inventory lists are available on our website.
3. Complete all of the information requested on this page, including File ID #s, FA #s, or APN #s. These are available from the lists on our webpage. You may email the completed form to: [EHDRecordSearchRequest@ventura.org](mailto:EHDRecordSearchRequest@ventura.org) or send by US mail to the address above.
4. Copies (*check the box below, charges may apply*)
5. Appointments to view records (*check the appropriate box below*)  
 The appointment must be scheduled IN ADVANCE with the Records Search Coordinator.
6. Blueprints - Pursuant to the California Health and Safety Code Section 19851, the Division cannot provide copies of blueprints unless you are the owner of the facility or have permission from the certified, licensed, or registered professional who originally signed the blueprints. If you are not the owner, the Division can only allow you to "view" the blueprints.

### RECORD SEARCH INFORMATION

<b>SITE INFORMATION</b>	Business Name/Property Owner	
	Street Address	
	City	
<b>DATE RANGE</b>	FROM:	TO:
<b>TYPE OF INFORMATION REQUESTED</b>	<input type="checkbox"/> Business Plan ( <b>Not available for addresses in Oxnard or Ventura</b> )	FA #
	<input type="checkbox"/> Hazardous Waste Producer ( <b>Not available for addresses in Oxnard</b> )	FA #
	<input type="checkbox"/> Underground Storage Tank - Operating Site ( <b>Not available for addresses in Oxnard or Ventura</b> )	FA#
	<input type="checkbox"/> Underground Storage Tank - Closed Site ( <b>Not available for addresses in Oxnard or Ventura</b> )	File ID # D
	<input type="checkbox"/> Individual Sewage Disposal System (Septic)	APN #
	<input type="checkbox"/> Food Inspection Report <input type="checkbox"/> Pool Inspection Report	FA#
	<input type="checkbox"/> Other	
	<b>CHECK ONE</b>	<input type="checkbox"/> Copy the record(s) not available online <input type="checkbox"/> Appointment to view requested

### REQUESTOR INFORMATION

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_