

Request for File Information

Loudoun County Health Department

Note: A tax map number, PIN (property identification number), or a property address **MUST** be provided to process any request

Date of Request: _____ / _____ / _____

Property Owner(s): _____

Property Address: _____

Tax Map Number: _____

PIN: _____

Info Requested By: _____

Requestor's Address: _____

Telephone #: (____) _____ - _____ Fax #: (____) _____ - _____

Description of Information Needed: _____

Note: By completing this form you are requesting access to the general information in the records of the Loudoun County Health Department. Complaint information (LEX) and post-installation inspection information related to onsite sewage disposal systems (online RME)) are contained in other databases. Requesting information from these other databases may increase processing cost and/or processing time. If you would like copies of information contained in these databases, please check one or both of these boxes. ☐ **LEX (Complaint Database)** ☐ **Online RME**

File Search Requests May Take Up To FIVE (5) days to Process

FOR OFFICE USE ONLY

Plats (Black & White ONLY) _____ x \$3.00 = _____

Number of Copies _____ x \$0.08 = _____

Number of CD's* _____ x \$5.00 = _____

Staff Time _____ x _____ = _____

Total Cost = _____

We accept either cash or check. Please make checks payable to County of Loudoun.

Staff Comments: _____

*Not all information is available in digital format

Completion Information

Date Completed:

_____ / _____ / _____

Completed By:
