



LMAS DISTRICT HEALTH DEPARTMENT

Environmental Health ■ Personal & Family Health ■ Emergency Preparedness

www.lmasdhd.org

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& Administrative Office**
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Freedom of Information Act 1999

Request for Access to Official Documents
(Pursuant to section 13)

Office Use Only:

Client ID: _____
Amt. Pd. _____
Cash/Ck: _____
Receipt #: _____
RU: _____

Name of Applicant: _____

Address of Applicant: _____

Street Address: _____

Phone number: _____

City _____ State _____ Zip _____

1	Property Owned By (Name/Business, Address, and Phone):
2	Property Location (Town/Range/Section, Township, Tax ID #):
3	Description of Documents Requested:

[Note: Applicants shall identify the document(s), or provide sufficient information to enable an officer/employee of LMAS DHD, who is familiar with the relevant documents, to identify the document(s) with reasonable effort.

Subject to the provisions of the Act access to a document may be granted by supplying a written copy of it or by making it available for inspection or, if appropriate, by supplying a copy of a tape, disk, film or other material containing the information, by the supplying a transcript of such tape, disk, film, or other material or by making arrangements for the hearing or viewing of such tape, disk, film, or other material.] The making of this request is free of charge, however, for large requests, where access to documents requires a file search, fees may be assessed in accordance with the formula set forth in the Freedom of Information Act.

Date of Application _____

Signature of Applicant _____