



PINAL COUNTY DEVELOPMENT SERVICES DEPARTMENT

REQUEST TO REVIEW RECORDS

DIVISION OF ENVIRONMENTAL HEALTH

REQUEST FOR REVIEW AND/OR COPIES OF RECORDS OR COMPILATION OF DATA. DESCRIPTION OF REQUEST AS FOLLOWS (if additional space is needed, please attach second page) FOR REQUESTS REGARDING SEPTIC SYSTEM INFORMATION PLEASE INCLUDE THE FOLLOWING (Parcel Number (APN), Property Address, Subdivision, Unit, Lot, date septic was installed, the owners name at the time of installation, and purpose of request):

REQUESTED BY: _____

ADDRESS: _____

SIGNED: _____

***NOTE:** Pinal County Environmental Health shall respond to your Request for Public Records within five(5) business days of receipt of the request by providing one of the following: (1) the record; or (2) acknowledging receipt of the request and providing a reasonable estimate of when the Division can respond; or (3) deny the request and state the reasons for the denial.*

NO. OF COPIES: _____ CHARGE FOR COPIES: 25¢/page AMOUNT: _____

MAILED: _____ DELIVERED: _____ FAXED: _____ PICKED UP: _____

DATE: _____

COMPLETED BY: _____ DATE: _____

SIGNED: _____

Pinal County Division of Environmental Health
P.O. Box 2517 (31 N. Pinal St., Bldg F)
Florence, Arizona 85232
520.866.6864
520.866.6007 (fax)
co.pinal.az.us/EnvHealth (website)