



Ventura County Environmental Health Division
 800 S. Victoria Ave. Ventura, CA 93009-1730
 TELEPHONE: 805-654-2813 or FAX: 805-654-2480
vcrma.org/divisions/environmental-health

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
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 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

SITE INFORMATION	Business Name or Property Owner	
	Street Address	
	City	
DATE RANGE	From:	To:
TYPE OF INFORMATION REQUESTED	Business Plan (Not available for addresses in Oxnard or Ventura)	FA #
	Hazardous Waste Producer (Not available for addresses in Oxnard)	FA #
	Underground Storage Tank - Operating Site (Not available for addresses in Oxnard or Ventura)	FA #
	Underground Storage Tank - Closed Site (Not available for addresses in Oxnard or Ventura)	File ID # D
	Septic System / Onsite Wastewater Treatment System (OWTS) / Individual Sewage Disposal System (ISDS)	APN #
	Food Inspection Report Pool Inspection Report	FA #
	Other	
CHECK ONE	Copy the record(s) not available online	Appointment to view requested

REQUESTOR INFORMATION

Name _____

Company Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____ Email _____

SIGNATURE _____ DATE _____