

LENAWEE COUNTY HEALTH DEPARTMENT

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Adrian, MI 49221

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LenaweeHealthDepartment.org



DOCUMENT REQUEST

(If Submission by email, send to: EHDesk@lenawee.mi.us or fax 517-264-0790)

Date: _____

Information Requested For:

Address: _____

Tax #: _____

Type of Record:

- Sewage and/or Well File Records
- Food Service Files
- All Other File Copies

Information Requested by:

Name: _____

Address: _____

Phone: _____

Processed:

Date: _____

By: _____

Charged: Y N NA

Sword Receipt # _____