

# LENAWEE COUNTY HEALTH DEPARTMENT

1040 S. Winter Street, Suite 2328  
Adrian, MI 49221

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LenaweeHealthDepartment.org



## DOCUMENT REQUEST

(If Submission by email, send to: [EHDesk@lenawee.mi.us](mailto: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 # \_\_\_\_\_