MARSHALL COUNTY
MCHD
HEALTH DEPARTMENT

Environmental Records Request

Name: _____ Phone: _____

Email: _____ Date of Request: _____

Address of Interest: _____

Records requested (circle types): septic well meth other (describe):_____

Relevant notes:_____
_____
_____
_____
_____
_____
_____
_____
_____

An incomplete form will not be accepted. Illegible forms will not be accepted.

Any records found will be sent to the email provided. If we have questions, we will contact you via phone. Requests will be addressed in the order that they are received.

Completed forms should be emailed to faithf@co.marshall.in.us