

# Request for File Information

## Loudoun County Health Department

*Note: A PIN (property identification number) or a property address MUST be provided to process any request*

Date of Request: \_\_\_\_\_

Requested By: \_\_\_\_\_

Requestor's Address: \_\_\_\_\_

E-Mail \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Information Requested

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PIN: \_\_\_\_\_ OR Property Address: \_\_\_\_\_

Property Owner (optional) \_\_\_\_\_

Description of Information Needed:

\_\_\_\_\_  
\_\_\_\_\_

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**Note:** By completing this form you are requesting access to the general information in the records of the Loudoun County Health Department. Health Department files may not contain all available information.

**File Search Requests May Take Up To FIVE (5) business days to Process**

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### FOR OFFICE USE ONLY

Plats (Black & White ONLY) \_\_\_\_\_ x \$3.00 = \_\_\_\_\_

Number of Copies \_\_\_\_\_ x \$0.08 = \_\_\_\_\_

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Staff Time \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

**Total Cost = \_\_\_\_\_**

**Completion Information**

**Date Completed:**  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Completed By:**  
\_\_\_\_\_

**We accept either cash or check. Please make checks payable to County of Loudoun. RETURN TO:  
LOUDOUN COUNTY HEALTH DEPARTMENT, P.O. BOX 7000, LEESBURG, VA 20177**

Staff Comments: \_\_\_\_\_

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\*Not all information is available in digital format