



Wilson County Health Department

1801 Glendale Drive SW • Wilson, NC 27893-4401 • Phone 252.237.3141

Records Request Form

I am requesting a copy (ies) of the following record(s). I have listed the complete address below. I understand that there will be a charge for processing and a charge for copying. *Other charges may be incurred if mailing is requested.*

I understand that this form must be submitted back to the Wilson County Environmental Health with the original signature (of the requestee). The copies will be made and Wilson County Environmental Health will contact the requestee or representative (by phone or email) with the cost and inquire about how the paperwork will be received (picked up or mailed). Upon receipt Wilson County Environmental Health reserves the right to request identification to be verified for their records request.

Complete Address (es):

1.

2.

3.

4.

5.

Name: _____

Signature: _____

Date: _____ Phone: () _____ - _____