Information Request Form

Requested By: (Company Name)	Date:
Address:	Phone:
City,State,Zip	Email:
Purpose of Request:	

Signature or Requesting Person: _____

Name of Brea Business Being Requested:
Address:

Please fill out one form for <u>each</u> address*

NOTE: FOR ADDITIONAL UNDERGROUND RECORDS PLEASE CONTACT COUNTY OF ORANGE HEALTH CARE AGENCY/ENVIRONMENTAL HEALTH DIVISION AT (714) 433-6000.

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Department Use Only

Trade Secret Status: ☐ Yes ☐ No

Date of Notification: _____

Approval of Information Release: _____

Date of Information Release: _____