



**Moore County Health Department
Environmental Health Section
PO Box 279, Carthage, NC 28327
Phone (910) 947-6283
Fax (910) 947-5127**



Information Request Form

I, _____, do hereby request permission to review and/or obtain copies of _____

Name and Address of Person Requesting Information:

Name: _____

Street: _____ City: _____

State: _____ Telephone Number: _____

Email: _____

Method of Delivery of Records (if approved): Email: _____

In-Person (time will be determined if approved) Fax: _____

Please Note:

- Physical copies of public documents are available at a fee determined by Moore County Commissioners.
- The information requested will be furnished for review in the presence of departmental staff, as staff time permits, during normal working hours.
- Public access to file storage areas is prohibited.
- Documents provided for review may not be removed, altered, or destroyed.
- Documents provided for review shall be returned in the same condition and order as they were originally provided.

Signature of Person Requesting Information:

Signature: _____ Date: _____

For Environmental Staff Only: Date Request Received: _____

Information Request Approved: _____ Disapproved: _____

Reason for Disapproval: _____

Approved by: _____ Date: _____

Date Information Provided: _____ Method: _____