



**MESA COUNTY
HEALTH DEPARTMENT**

Working Together for a Healthy Community

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(970) 248-6900
www.health.mesacounty.us

FILE ACCESS REQUEST

Person Requesting Information:

Name: _____

Company: _____

Phone: _____ **Address:** _____

Email: _____

Requesting Information On:

Business Name: _____

Business Address: _____

Specific File(s) and/or Information Requested: _____

Reason for Request: _____

Signature: _____ **Date:** _____

OFFICE USE ONLY

EHS:

DATE:

Approval: _____

Mesa County Health Department

Date: _____