

**THE PUBLIC HEALTH ACT
FILE SEARCH REQUEST FORM**

FOOD PREMISES, RECREATIONAL WATER
FACILITIES, RENTAL DWELLINGS

Please **thoroughly complete** all of the questions below in order for Manitoba Health to effectively respond to your request. Information provided will pertain to **The Public Health Act** with respect to the property indicated in Section 3. **A cheque in the amount of \$52.50 (\$50.00 + \$2.50 GST) made payable to the Minister of Finance must accompany this request.** We will endeavor to respond to your request within **30 days** of receipt.

Inquiries may be mailed to:

**Manitoba Health
Attn: Health Protection Unit
300 Carlton Street
Winnipeg, MB R3B 3M9**

1. ***Information is being requested by:***

- Individual Business / lawyer (**must complete section 2**)

Name: _____

Business: _____

Address: _____

Telephone: () _____ Fax: _____

E-mail: _____

2. ***If you are representing someone else (a client or business) regarding this request, include their information:***

Client's Legal Name: _____

Legal Business Name: _____

Address: _____

Telephone: () _____ Fax: _____

E-mail: _____

- Consent attached (**REQUIRED**)

3. **Legal Property Information:**

Business Name: _____

Legal Address: _____

Site Address: _____

Current Use of Property: _____

Intended Use of Property: _____

4. **Information Being Requested:**

Outstanding work orders

Orders and Violations

Other: _____

5. **Reason for Request:**

(i.e. purchase of property, financing arrangements, etc.):

6. **Authorization:**

Printed Name

Signature

Date

**NOTE: INCOMPLETE FORMS WILL CAUSE A DELAY IN THIS
REQUEST BEING PROCESSED. PLEASE ENSURE ALL
AVAILABLE DETAILS ARE INCLUDED.**

**EACH UNIT ADDRESS OR BUSINESS FILE REQUIRES A
SEPARATE FILE SEARCH REQUEST (EX: MALLS, RETAIL
COMPLEXES, ETC)**