



Public Records Request Form

SR# _____
(office use only)

Date: _____

Name: _____ Business Name: _____

Address: _____ Phone #: _____

E-mail: _____

I am requesting the following public record(s) from Contra Costa Health Services Hazardous Materials Programs.

RECORD(S) REQUESTED: (Use additional form (s) if more space is needed)

Our records are available electronically. Please choose one of the methods below:

Please copy the record(s) and send FedEx to the above mailing address.
The cost is \$15.00 and is payable by check or credit card (Visa, Discover or M/C).

Please copy the record(s) and notify me when ready for pick up.
The cost is \$3.00 and is payable by check or cash (**MUST BE EXACT**).

If you would like us to provide a list of sites in our database, please choose:
Please copy all "Active" or "Inactive" sites from database Cost: \$15.00

You may email the completed form to ccchazmat@hsd.cccounty.us, or mail or hand deliver to Contra Costa Health Services Hazardous Materials Programs at 4585 Pacheco Blvd., Suite 100, Martinez, CA 94553; or FAX to (925) 646-2073.

Office Use Only:

Date Received _____ Completed _____ No records exist responsive to this request.

Picked Up _____ or FedEx _____ XR _____ Time Spent _____

Rev. April 2018

