

PUBLIC RECORDS ACT REQUEST FORM

To best serve you please complete the Public Records Act Request form below.

Email your completed form to cocoeh@cchealth.org, mail, or hand deliver to Contra Costa Health, Environmental Health Division at 2120 Diamond Boulevard, Suite 100, Concord, CA 94520; or fax to (925) 608-5502.

PLEASE NOTE:

- This form is for requests submitted to the Environmental Health office only.
- Fees apply for hard copies: \$0.10 per single sided page and \$0.20 for a double-sided page.
- The Public Records Act is not designed to respond to general questions. Identifiable records must be described.
- Pursuant to the Public Records Act, certain records are not subject to disclosure. If you have not received a response to your request from Environmental Health within 10 days (if you provided an email address) or 14 days (if you only left a mailing address) and you would like an update concerning the status of your request, please contact us at (925) 608-5500.

1. P	Person Requesting	Records	Send ro	equest by: Email Mail or Will Pick U	
Name:				Date:	
Mailin	g Address:			Phone:	
City:		State:	Zip:	Email:	
2. Records Request		Date Range of Records Requested:			
	e as much information as pos rty or Site Address:	sible about the records	you are requesting.		
City:		State:	Zip:	Assessor's Parcel #:	
<u>!</u>	Date completed:	SR#	AR#	XR#	
STAFF	Approved by:		Completed by		