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CONTRA COSTA
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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. We will send the requested records via email. If PDF files are too large to send via email, we will place the files on a disc or thumbdrive and ask you to choose one of the following 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**).

You may email the completed form to ccchazmat@cchealth.org, 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 _____

