



Rebecca Nanyonjo-Kemp, DrPH
Director

Salvador Sandoval, MD, MPH
Health Officer

California Public Records Act Request Form

Date of Request: _____

Requesting Party

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ Fax: _____ E-mail: _____

Information Requested

Name (Facility): _____

Address: _____ City: _____

Assessor's Parcel Number: _____

Specific Information Requested:

----- *Environmental Health Use Only* -----

Date and Time to Review Record: _____

Date Sent to County Counsel: _____

Date County Counsel Approval to Release: _____

Date Environmental Health Sent Written Response to Requesting Party: _____

File # _____

A total of _____ pages of maps/chemical storage/confidential/trade secret information were removed from this file.

Final Disposition: _____

By: _____