

COUNTY OF RIVERSIDE  
DEPARTMENT OF ENVIRONMENTAL HEALTH

# REQUEST FOR RECORDS

DATE REQUESTED:

TYPE OF REQUEST RECEIVED: WRITTEN  VERBAL

NAME OF REQUESTING PARTY			TELEPHONE NUMBER ( )		
MAILING ADDRESS			EMAIL ADDRESS		
CITY		STATE	ZIP		
INFORMATION REQUESTED					
SITE ADDRESS					

PERIOD OF TIME TO BE RESEARCHED

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

COPIES REQUESTED YES <input type="checkbox"/> NO <input type="checkbox"/>	REVIEW OF RECORDS ONLY YES <input type="checkbox"/> NO <input type="checkbox"/>
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PURSUANT TO CALIFORNIA GOVERNMENT CODE SECTION 6254 (F), RECORDS OF PENDING INVESTIGATIONS AND INFORMANTS NAMES, ADDRESSES AND TELEPHONE NUMBERS WILL NOT BE RELEASED.

REQUESTS WILL BE PROCESSED WITHIN TEN (10) BUSINESS DAYS PER CALIFORNIA GOVERNMENT CODE, SECTION 6253 AND 6256.

DUPLICATION COSTS FOR RECORDS RESEARCHED AND DUPLICATED MUST BE PAID UPON RECEIPT OF RECORDS AS FOLLOWS:

CHARGE	
COST OF REPRODUCTION .....	\$ .....
EACH ADDITIONAL PAGE .....	\$ .....
TOTAL .....	\$ .....

**FOR OFFICE USE ONLY**

REQUEST APPROVED <input type="checkbox"/>	REQUEST DISAPPROVED <input type="checkbox"/>
REASON FOR DISAPPROVAL	
REVIEWED BY	TITLE
RECORDS RECEIVED BY	DATE

\* IF RECORD REQUEST IS MADE USING ALTERNATE METHOD AND NOT THIS FORM, ATTACH A COPY OF REQUEST TO THIS FORM.