



**County of Riverside  
DEPARTMENT OF ENVIRONMENTAL HEALTH**

[www.rivcoeh.org](http://www.rivcoeh.org)

**REQUEST FOR RECORDS**

To help expedite your request, mark the program for which you are requesting records (Call 951-358-5172 if you are uncertain):

- Hazardous Materials / Underground Storage Tanks
- Land Use / Water Resources / Body Art / Medical Waste / Solid Waste
- Food facility / Public Pools and Water Features / Retail Tobacco

- Requests will be responded to within ten (10) business days per California Government Code, sections 6253 and 6256.
- Pursuant to California Government Code section 6254 (f), records of pending investigations and informants' names, addresses, and telephone numbers will not be released.
- **This form is for acquisition of any existing records. Any consultation in reference to these records may be subject to a consultation fee (pursuant to Riverside County Ordinance 640).**
- For access to electronic records available online, visit the public information section at [www.rivcoeh.org](http://www.rivcoeh.org) for more details.

NAME OF REQUESTING PARTY:		DATE OF REQUEST:	
BUSINESS NAME (IF ANY) OF REQUESTING PARTY:		TELEPHONE NUMBER: (    )	
RETURN LEGAL MAILING ADDRESS:		EMAIL ADDRESS:	
CITY:	STATE:	ZIP:	

The following information is required. **List each street address separately.**

NAME OF FACILITY (IF APPLICABLE)	RECORDS REQUESTED (e.g., inspection reports, complaint reports, etc.):	PERIOD OF TIME TO BE RESEARCHED (If applicable)	
		FROM:	TO:
SITE STREET ADDRESS (1):		CITY:	
SITE STREET ADDRESS (2):		CITY:	
SITE STREET ADDRESS (3):		CITY:	
SITE STREET ADDRESS (4):		CITY:	
SITE STREET ADDRESS (5):		CITY:	
SITE STREET ADDRESS (6):		CITY:	
APN (For Land Use and Water Resources ONLY):			

To mail this form, send to: Department of Environmental Health P.O. Box 7909 Riverside, CA 92513, 7909.

Duplication costs for records researched and duplicated must be paid upon receipt of records.

FOR OFFICE USE ONLY		
COST OF REPRODUCTION: \$ _____	EACH ADDITIONAL PAGE: \$ _____	TOTAL: \$ _____
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.

**For our office locations click here or call us at (888) 722-4234**