

Application for Inspection of Public Records

Every person desiring to inspect public records of Los Medanos Community Healthcare District shall first complete this *Application for Inspection of Public Records* form. Please complete all fields and click “Submit” at the bottom of the form. Your application will automatically be emailed to bkee@lmchd for follow up. If you should have any questions, contact the LMCHD Office at (925) 432-2200.

Date: _____

Applicant Address: _____
City: _____ **State** _____ **Zip** _____

Telephone (____) _____

Email Address: _____

Fax No. _____

Within ten (10) days of receiving an application, LMCHD shall determine whether or not the applicant seeks identifiable public records and will notify the applicant in writing of the District’s determination and reasons if records cannot be produced. In case of “unusual circumstances,” the District may extend the ten (10) day time limit by providing written notice to the applicant.

Please respond to the following questions:

Does Applicant wish for document(s) to be mailed, emailed, or faxed? _____

There is a charge of \$0.25 per photocopied page. Does applicant desire a photocopy of the requested records?

There is a charge of \$10.00 per duplicated audio tape. Does applicant wish for a duplicate audio tape(s)?

Description of records Applicant desires to inspect (please be as specific as possible):

