RIVERSIDE COUNTY COMMUNITY HEALTH AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH

REQUEST FOR RECORDS

Land Use & Water Resources

INSTRUCTIONS:
Please complete Section 1 of this form in full and return to this Division for further processing. Incomplete information may delay the research process. Please note that a fee for processing and reproduction of records will apply. All applicable fees must be paid upon receipt of records. Send completed forms to one of the addresses or faxes below:

Western Riverside County
P.O. Box 1280
Riverside, California, 92502
Phone: (951) 955-8980
Fax: (951) 955-8903

Eastern Riverside County
47-950 Arabia St. Suite A
Indio, California, 92201
Phone: (760) 393-3390
Fax: (760) 863-7013

Section 1

NAME OF REQUESTING PARTY:		DATE:
MAILING ADDRESS:		PHONE: ( )
CITY:	STATE:	ZIP:
INFORMATION REQUESTED:		
SITE ADDRESS:		APN: - -
CITY:		ZIP:
ESTIMATED INSTALLATION DATE OF WELL AND/OR SEPTIC SYSTEM: _____ / _____ / _____ DAY / MONTH / YEAR		

PURSUANT TO CALIFORNIA GOVERNMENT CODE SECTION 6254 (F). RECORDS OF PENDING INVESTIGATION 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 6256.

Section 2

PROCESSING AND REPRODUCTION FEES FOR RECORDS RESEARCHED MUST BE PAID UPON RECEIPT OF RECORDS AS FOLLOWS:

PROCESSING FEE $10.00 PER EACH QUARTER HOUR. TOTAL TIME: _____ = $ _____

FIRST PAGE @ $ .50 EACH ADDITIONAL PAGE @ $ .10 TOTAL NO. OF PAGES: _____ = $ _____

2% LMS SURCHARGE: ..... $ _____

TOTAL: ..... _____

FOR OFFICE USE ONLY

REVIEWED BY _____ TITLE _____

RECORDS RECEIVED BY _____ DATE _____