



Public Records Requests

All requests for public records shall be subject to the California Public Records Act (California Government Code 6250 et seq.) and shall be handled according to the provisions of that act.

Every person desiring to inspect public records of the Peninsula Health Care District shall first complete this Application for Inspection & Copying of Public Records Form. To expedite your request and to eliminate error, please fill out this form completely with as much detail as possible and identify specifically the records you are requesting. Please note if you are requesting the opportunity to inspect records stored at this office, the District must be given time to locate and review documents that are responsive to your request in order to comply with the provisions of the Public Records Act. You will be requested to make an appointment to return at a later date to view the documents.

Application for Inspection & Copying Public Records Form

Date:	
Applicant Name:	
Complete Address:	
Applicant Phone Number:	
Applicant email:	
Applicant Signature:	
Requested Records:	

Within ten (10) days of receipt of an application, the District shall determine whether the application seeks identifiable public records and whether to comply with the application. The District shall immediately thereafter notify the person submitting the application of the District’s determination and the reasons therefore. In case of “unusual circumstances,” the District may extend the ten (10) day time limit by providing written notice to the person making the application.

Please check all that apply:

I wish to inspect the requested records, where applicable, and do not want photo copies produced as this time.

I would like copies of the requested records and I understand there will be a \$0.10 charge per photocopy. I understand and agree that I will be required to make payment for the copying costs prior to the documents requested being copied.

I would like a duplicated CD and I understand there will be a \$10.00 charge per CD. I understand and agree that I will be required to make payment for the copying costs prior to the documents requested being copied.

I would like to receive requested documents electronically using the email address provided above.