

Monterey County
Environmental Health Bureau

1270 Natividad Road
Salinas, CA 93906
Fax (831) 796-8692

REQUEST FOR FILE REVIEW

Please complete this form and return it via FAX or MAIL.

COMPANY NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ ZIP: _____ E-MAIL: _____

CONTACT PERSON: _____

TELEPHONE: _____ FAX: _____

FILES REQUESTED: - Water Systems/Wells - Restaurants/ Pools/Spas/Housing Complaints
 - Medical Waste /Land Fills - Septic Systems
 - UST's/AST's/Hazardous Materials - Recycling & Resource Recovery

(Use additional sheet if necessary)

1. SITE ADDRESS: _____

BUSINESS NAME: _____ - current - former

2. SITE ADDRESS: _____

BUSINESS NAME: _____ - current - former

3. SITE ADDRESS: _____

BUSINESS NAME: _____ - current - former

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1. Office hours for file reviews are 8:30a.m.-4:00p.m. at the Office. **Please call to confirm your appointment 24 hours in advance.**
 2. Please be prepared for your visit by bringing your own supplies, i.e., paper clips, post-its. Be prepared to pay for any copies at the time of service. **Copies are .12¢ each.** Feel free to bring your own portable copier. If you need to schedule time for consultation there is an hourly rate charge. Please check the Environmental Health Services webpage at www.mtyhd.org/eh for current hourly rate. We accept checks and cash only.
 3. Files will be released according to CUPA Regulations. California Health and Safety Code, Section 25506(a). California Public Records Act, Chapter 3.5.
 4. The party requesting the records which is being disclosed pursuant to this Public Records Act request understands and agrees that the County, its officers, employees, and/or agents, are not responsible, nor liable for any damages or claims whatsoever which may result to the requesting party, its agents or assigns, due to errors, omissions, or misinformation on the part of the reporting parties. In addition, the party requesting information pursuant to the Public Records Act understands and agrees that the County is not required to create new records, which do not exist in the ordinary course of business of the Health Department, in order to respond to a Public Records Act request.

Print Requestor Name _____ Signature _____

Office Use Only

Date: _____ R.E.H.S.: _____ Start time: _____ End time: _____ Specialist initials: _____

Photocopies: Total # _____ @ .12¢ per page = _____ **Total Due:** _____

- Cash - Check #: _____ - Receipt #: _____

Print Name: _____ Signature: _____