



East Kern

HEALTH CARE DISTRICT

PUBLIC RECORDS REQUEST

NAME: _____

EMAIL: _____

PHONE: _____

RECORD REQUESTED: _____

REASON FOR REQUEST: _____

ATTENTION REQUESTOR: To expedite your request for District records, please fill out this form completely. Identify specifically the type of record or document you are requesting, one record type per form. Requests should reasonably describe identifiable records prepared, owned, used, or retained by the District. Staff is available to assist you in identifying those records in the District's possession. The District is not required by law to create a new record or list from an existing record.

Please note that if you are requesting the opportunity to inspect records, 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. Pursuant to Public Records Act Gov't Code 6250-6276.48, the District has 10 days to decide if records will be provided. In unusual cases, and with written notice, the District may give itself an additional 14 days. You will, therefore, be requested to make an appointment to return at a later date to view the documents requested.

A payment shall be made in the amount of \$0.20 per page or, in the case of blue line records, the amount charged shall be the actual cost charged by an outside blue line print company. A certified copy of such record shall require an additional payment of \$1.00. No charge will be imposed for research. A deposit may be required in an amount equal to the estimated fees for copying prior to receiving the record. By submission of this form I hereby agree to reimburse EKHCD for the direct cost of duplicating the requested records in accordance with Gov. Code Sec. 6253(b).

DATE OF REQUEST: _____

SIGNATURE: _____