

OFFICE of ENVIRONMENTAL HEALTH HAZARD ASSESSMENT

1001 I Street

Post Office Box 4010, MS 23B (#58c)

Sacramento, CA 95812-4010

Attn: Monet Vela

Fax (916) 323-2610

OEHHA.PRAs@oehha.ca.gov

California Public Records Act Request

Name of Individual and/or Company Requesting Records:		Date:	
Address:			
City:		State:	Zip Code:
Telephone:	Fax:	E-Mail Address:	Contact Person:

Please complete one copy of this form for each Public Records Act request. Mail, fax, or e-mail the form. You will be advised as to whether or not we have records subject to release within 10 calendar days of receipt of the request. There will be a \$0.25 per page charge, and you will be notified of the cost in advance of copies being made. There will be additional charges for copies of information in other forms (i.e., cassette tapes, VHS, etc.).

REQUEST FOR RECORDS PERTAINING TO:

Name: Facility Name, Location, Project, Individual, etc.		
Address:		
City:	State:	Zip Code:

Specify Types of Information Requested:
