TAHOE FOREST
HOSPITAL DISTRICT

PUBLIC RECORDS REQUEST FORM

Date: _____ Time: _____

Name of Requestor: _____

Address: _____
_____
_____

Telephone No.:_____ E-mail:_____

Do you want us to make copies of responsive documents for an additional charge?
Fee for Copying Records is: 25 cents ($0.25) per page
Fee for certified copy of a record(s): $1.75 for each copy certification
Y / N: _____

Description of the records sought (Please be as precise as possible. If your request produces a large number of documents, or documents from many different locations, it may delay our ability to locate and collect them. Staff may assist with narrowing the scope down to meet a specific need):

_____
_____
_____
_____
_____
_____
_____
_____
_____

Upon receipt of an Application for Inspection or Copying of Records, the District shall record the date it receives the application and determine within ten (10) days after receiving such application whether the request seeks copies of disclosable public records. The District shall immediately thereafter notify the applicant of the District's determination and the reasons therefore.

In unusual circumstances, the CEO, or his or her designee, can extend the ten (10) day period by written notice to the applicant stating the reasons for the extension and the date on which a determination is expected to be made. Any such extension will not exceed fourteen (14) days.

Date records requested by: _____
Purpose of Request? (optional)_____
_____