

4585 Pacheco Blvd., Suite 100 | Martinez, CA 94553 | Phone: (925) 655-3200 | Fax: (925) 646-2073 ccchazmat@cchealth.org

## **Public Records Request Form**

Date of Request:	SR#
•	(office use only)
N.	
Name:	Business Name:
Address:	<b>Phone</b> #:
	E-mail:
I am requesting the following p	ublic record(s) from Contra Costa Health Hazardous Materials Programs.
	<b>VESTED:</b> (Use additional form (s) if more space is needed)
	lectronically. We will send the requested records via email. If nd via email, we will place the files on a disc or thumbdrive and
ask you to choose one of the	•
	orm to <a href="mailto:cchazmat@cchealth.org">ccchazmat@cchealth.org</a> , or mail or hand deliver to Contra Costa erials Programs at 4585 Pacheco Blvd., Suite 100, Martinez, CA 94553;
	Office Use Only:
Date Received Co	ompleted Min.