



Public Health  
 Environmental Health Services

## REQUEST TO INSPECT/REPRODUCE PUBLIC RECORDS

**Return to any of the following offices:**

385 N. Arrowhead Ave. 2nd Floor, San Bernardino 92415-0160  
 15900 Smoke Tree St., Ste. 131, Hesperia 92345  
 8575 Haven Ave., Ste. 130, Rancho Cucamonga 91730

| TO BE COMPLETED BY REQUESTER   |  |            |  |              |               |
|--|--|------------|--|--------------|---------------|
| INFORMATION FOR RECORDS REQUESTED  |  |            |  |              |               |
| <b>Facility Name:</b><br><small>(Business or Apartment Complex name)</small>   |  |            |  |              |               |
| <b>Location Address:</b>   |  |            | <b>City:</b>                                   |              | <b>State:</b> |
| <b>Case/File Number:</b><br><small>(If known)</small>  |  |            | <b>Inspector:</b><br><small>(If known)</small> |              |               |
| <b>Indicate time frame of information requested: (month/year or date of inspection)</b>  |  |            |  |              |               |
| <b>From:</b>   |  | <b>To:</b> |  | <b>From:</b> |               |
| <b>From:</b>   |  | <b>To:</b> |  | <b>From:</b> |               |
| <b>Specific information requested:</b><br><small>(File, inspection report, complaint, etc.)</small>                                    |  |            |  |              |               |
| <b>NOTE: EACH REQUESTER AND/OR FILE MUST HAVE A SEPARATE FORM COMPLETED. FOR A LIST REQUEST, PLEASE CALL (800) 442-2283.</b>           |  |            |  |              |               |
| FEES   |  |            |  |              |               |
| <b>Copy Fee:</b> \$.10 Per Page  |  |            |  |              |               |
| <b>Certified Copies:</b> Additional \$.22 Per Page   |  |            |  |              |               |
| REQUESTER INFORMATION  |  |            |  |              |               |
| <b>Requester Name:</b><br><small>(Include affiliation, i.e. business name, law office, owner, private citizen, employee, etc.)</small> |  |            |  |              |               |
| <b>Requester Address:</b>  |  |            | <b>City:</b>                                   |              | <b>State:</b> |
| <b>E-mail Address:</b><br><small>(Preferred method of delivery)</small>  |  |            |  |              |               |
| <b>Phone Number:</b><br><small>(To notify when copies/files are ready)</small>   |  |            |  |              |               |
| OFFICE USE ONLY  |  |            |  |              |               |
| <b>PROGRAM</b>   |  |            | <b>DATE</b>                                    |              |               |
| <b>PAID \$</b>   |  |            | <b># PGS</b>                                   |              |               |
| <b>RECEIPT #</b>   |  |            | <b>REC'D BY</b>                                |              |               |