



Public Health
Prevent. Promote. Protect.

Kings County Health Department

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REQUEST FOR PUBLIC RECORDS

I, the undersigned, request to view certain specified records in the possession of this agency which is described below. I understand that some records are exempted from disclosure in accordance with various Federal and State laws, including the California Public Records Act. Examples of some exempted records include trade secrets, personnel and medical files, and records of complaints to or investigations by this agency such as names of confidential informants.

Describe records and specify copies requested in as much detail as possible: (i.e., business name, address, type of record desired, etc.)

_____ Name (Please Print)	_____ Organization
_____ Address/City/Zip	_____ Phone Number/Fax
_____ Email	_____ Date

_____ Date of Arrival	_____ Signature
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OFFICE USE ONLY

Notes: _____

No. of Copies: _____ Fee Paid:\$ _____ Receipt No: _____ Authorized By & Date: _____

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