



SOUTHWEST HEALTHCARE DISTRICT
 PO Box 717, Frazier Park, CA 93225 (661) 289-2297
 southwestbcd@gmail.com | www.swhcd.org

PUBLIC RECORDS REQUEST FORM

Please write in the space below the name of the documents you would like the District to produce for inspection.

Please be advised that under California Government Code 6250 Et Seq., the District has 10 days after the date of your request to determine whether the record(s) you have requested is/are subject to disclosure under the Public Records Act. This period of time maybe be extended by the District for an additional 14 days. After the District has made its determination, you will be immediately notified. If the District determines that the documents you have requested are subject to disclosure, the records will be produced within a reasonable time thereafter. If black and white copies are requested, you will be charged a fee of \$.25 per page.

DESCRIPTION OF THE REQUESTED DOCUMENT(S):

Signature

Date

Print Name

Phone Number

Email

Will Pick-Up

Please E-Mail

THIS FORM MAY BE SUBMITTED TO THE DISTRICT BOARD IN PERSON, BY MAIL OR VIA E-MAIL.

FOR OFFICE USE ONLY

Date Received:	Date Notified:
Date Record(s) Produced:	Signature:
No. of Pages:	Copy Cost: