

COUNTY OF ORANGE HEALTH CARE AGENCY

FINANCIAL AND ADMINISTRATIVE SERVICES CUSTODIAN OF RECORDS

http://www.ochealthinfo.com/records

MAILING ADDRESS: P.O. BOX 355 SANTA ANA, CA 92702

TELEPHONE: (714) 834-3536

FAX: (714) 835-9312

REQUEST FOR PUBLIC RECORDS

The undersigned hereby requests a copy of the record prepared and maintained in the ordinary course of business concerned at or near the time of the act, condition, or event which they depict by the County of Orange Health Care Agency.

The records requested are public documents and are not protected by Federal or State confidentiality statutes. Nevertheless, should any confidential information pertaining to individuals or entities, corporations, partnerships, or organizations be inadvertently included in any of the records, the undersigned agrees to protect that confidentiality and recognized that unauthorized release or disclosure of confidential information may make the undersigned subject to civil action under provision of Federal and California statues.

The undersigned understands that the County will charge \$0.15 per page copied. If request is to be canceled, this office must be notified at the above number within ten (10) days of receipt of request, otherwise cost incurred will be charged to the undersigned.

Specific records are:	
Records are required for the purpose of:	
SIGNATURE of Requester	
PRINT Name of Requester (and Company Name - if applicable)	
PRINT Street Address	Area Code & Phone Number
PRINT City, State & Zip Code	DATE