



Community Services Department
 Environmental Health Division
 1130 Civic Center Boulevard, Suite A
 Yuba City, CA 95993
 (530) 822-7400

RESEARCH REQUEST or EXTENSIVE RECORD REVIEW

Requested by _____
 Personal Name (please print) _____ Company Name (if applicable) _____

_____ Billing Address _____ Phone Number _____

The checked boxes are for the type of information requested:

- | | |
|--|--|
| <input type="checkbox"/> Proposition 65 for specific area or property | <input type="checkbox"/> Hazardous materials releases |
| <input type="checkbox"/> All non-confidential records in a specific file | <input type="checkbox"/> All public records in a specific file |
| <input type="checkbox"/> Ground water quality in specific area | <input type="checkbox"/> Septic system failures in specific area |
| <input type="checkbox"/> Ground water levels in specific area. | <input type="checkbox"/> Animal bites for specific owner or victim |
| <input type="checkbox"/> Neighborhood sanitary survey | <input type="checkbox"/> Foodborne or waterborne illnesses |
| <input type="checkbox"/> Location of wells within _____ feet or _____ mile radius of a specific property | |
| <input type="checkbox"/> Other (specify) _____ | |

The checked information refers to the following subject, person, address, APN, facility, or area of the county: _____

Is the property, facility, or case in litigation? yes no.
 Is the request for a real estate preliminary site assessment? yes no.
 Is the request for session to review records, copies of records, or both?
 Explain. _____

I understand that there will be a charge of \$ _____ per hour for staff time to supply my request and/or
 \$ _____ per page to copy materials for my request.

Signature: _____ Date: _____

_____ This section for office use only

Records/publications/documents reviewed: _____

Time spent by staff on request: _____ Dates: _____ Staff person(s): _____

Materials copied: _____

Number of pages copied _____ Charge \$ _____ Date requester notified _____ phone mail By _____

Paid: Amount \$ _____ Date _____ Receipt number _____ Received by _____