|  |
| --- |
| **OFFICE USE ONLY****PROGRAM** Enteccvvvvccr Program**DATE** vvvvvvvvvvvvvvvvvvvvvvvvvv**PAID $** Eogvvram **# PGS** Eogvvram**RECEIPT #** Enteccvvvvccr Program**REC’D BY Enteccvvvccr Program** **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 923458575 Haven Ave., Ste. 130, Rancho Cucamonga 91730[www.sbcounty.gov/dph/dehs](http://www.sbcounty.gov/dph/dehs) Phone: (800) 442-2283 Fax: (909) 387-4323 |
| **To Be Completed By requester** |
| **information for Records Requested** |
| **Facility Name:**      (Business or Apartment Complex name) |
| **Location Address:**       | **City:**       | **State:**    | **Zip:**       |
| **Case/File Number:**       (If known) | **Inspector:**      (If known) |
| **Indicate time frame of information requested: (month/year or date of inspection)** |
| **From:**       **To:**       | **From:**       **To:**       | **From:**       **To:**       |
| **Specific information requested:** (File, inspection report, complaint, etc.)       |
| **NOTE: Each requester and/or file must have a separate form completed. For a List request, please call (800) 442-2283.** |
| **FEES** |
| **Copy Fee:** $.10 Per Page  |
| **Certified Copies:** Additional $.22 Per Page |
| **Requester information** |
| **Requester Name:**      (Include affiliation, i.e. business name, law office, owner, private citizen, employee, etc.) |
| **Requester Address:**       | **City:**       | **State:**    | **Zip:**       |
| **E-mail Address:**      (Preferred method of delivery) |
| **Phone Number:**      (To notify when copies/files are ready) |
| EHS%20logo%20color%20(JPG) |