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| **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 92345  8575 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) | | | | | |
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