



612 Main St. Soledad, CA 93960

(831) 678-2462

APPLICATION FOR INSPECTION & COPYING OF PUBLIC RECORDS

Every person desiring to inspect public records of Soledad Community Health Care District shall first complete this Application for Inspection & Copying of Public Records form. Please complete all fields, print out form, and email completed form to: spina@schcd.com. If you have any questions, please contact Sophie Pina at (831) 223-1651.

Date: _____

Applicant Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Applicant Telephone Number: _____

Applicant Email Address: _____

Description of records Applicant desires to inspect (please be as specific as possible):

Within ten (10) days of receipt of an application, the District shall determine whether the application seeks identifiable public records and whether to comply with the request. The District shall immediately thereafter notify the person submitting the application of the District's determination and the reasons therefore. In case of "unusual circumstances", the District may extend the ten (10) day time limit by providing written notice to the person making the application.

Does applicant wish for document(s) to be mailed or emailed to them: _____

Does applicant wish to inspect records at the District office: _____? If yes, in conformity with the District's guidelines, list the date Applicant would like, if possible, to inspect records at the District office: _____

There is a charge of \$.25 per photocopied page. Does Applicant desire a photocopy of the above requested records? _____