



CALIFORNIA PUBLIC RECORDS ACT (“PRA”) REQUEST FORM

NAME: _____ DATE: _____

CONTACT PHONE NUMBER: _____

PLEASE CHECK ONE OF THE METHODS OF RESPONSE BELOW:

EMAIL: _____

I WOULD LIKE THE PUBLIC RECORDS SENT TO ME AT THE FOLLOWING ADDRESS:

I WILL PICK UP THE PUBLIC RECORDS WHEN THEY ARE READY

PUBLIC RECORDS REQUESTED: (PLEASE INCLUDE AS MUCH DETAIL AS POSSIBLE ABOUT THE RECORDS YOU ARE REQUESTING (I.E. DATES, NAMES, POLICY, ETC.))

****PLEASE NOTE:** We will provide an initial response to your PRA request within 10 calendar days of receipt. If immediate disclosure is not possible, the Agency will provide an estimated date when responsive, non-privileged, non-exempt records will be provided, and fees, if any, for providing the records. The PRA authorizes the Agency to charge fees for the production of copies of a public record (\$.10 per page) and associated postage costs. However, the Agency may waive the fee upon request due to hardship.*

FOR INTERNAL USE

RECEIVED BY (STAFF): _____ DATE: _____

FORWARD THIS FORM IMMEDIATELY TO THE HSA EXECUTIVE SECRETARY FOR ROUTING AND RESPONSE.