SOLANO COUNTY HEALTH & SOCIAL SERVICES
Administration

PUBLIC RECORDS REQUEST FORM

Every effort will be made to process your request within 10 days of receipt. We will notify you promptly when we have determined whether the records you are requesting are in our possession and releasable under the law. Records will be made available upon payment, if fees apply.

NOTICE: You are not required to complete this form to submit a request for public records information; however, doing so will assist us to respond accurately and to track the progress of your request.

Name of Requestor:		Today's Date:	
Requestor's Address (if records are to be mailed):	City:	State:	Zip Code:
E-mail Address (if records are to be emailed):	Phone:		
Requested Records:			

Please indicate how you would like to receive any responses to your request and any available records:

☐ Personal pick-up ☐ Mail ☐ E-mail ☐ Other _____

Received by: Date:

Please send completed form to HSSInfo@SolanoCounty.gov.

******** FOR INTERNAL USE ONLY: ********

Receipt		**Notification / Completion**	
Date request received:	By:	Date requestor notified of record availability:	By:
Assigned to:		Date Delayed Production Letter sent (if applicable):	By:
How was request received? ☐ Walk-in ☐ Mail ☐ Phone ☐ E-mail ☐ Other _____		Date Non-Production Letter Sent (if applicable):	By:
		Date completed:	By:
Payment: ☐ Check# _____ ☐ Cash ☐ Credit/Debit ☐ Virtual Terminal ☐ N/A Amount: $ _____ Date Received: _____ Receipt #: _____		Date(s) requestor notified of request completion:	By:
		Date information provided to requestor (i.e. date sent or picked up):	How was information provided to requestor? ☐ Picked up ☐ Mailed ☐ Faxed ☐ E-mailed ☐ Other _____
		Sent / provided by:	

Notes / Comments (continue on back if necessary):