PALOMAR HEALTH

APPLICATION FOR INSPECTION OF PUBLIC RECORDS

1) NAME OF APPLICANT: _____

2) COMPANY: _____

3) ADDRESS: _____

4) TELEPHONE NUMBER: _____

5) EMAIL ADDRESS: _____

6) DATE OF APPLICATION: _____

7) Please indicate on the attached page, for each public record desired:
   (a) an exact description of the record;
   (b) whether you would like a hard copy of the record sent to you in the mail or whether you would prefer the record be emailed to you. Please note, some files may be too large to be emailed and therefore will be mailed via U.S. Mail.

8) Once you have completed and signed the form, please scan and email it to [L Legal Services@palomarhealth.org](mailto:L_Legal_Services@palomarhealth.org). You may also mail it to:

> Palomar Health
> Attn: Legal Services
> 120 Craven Road, Suite 106
> San Marcos, CA 92078

In the event copies are requested of any of the records you requested, you will be charged ten cents (10¢) per page for standard reproduction of documents 8 1/2" by 14" or less, and actual costs for reproduction of oversized documents or documents which require special processing. Additionally, clerical costs directly incurred in duplication, billed at the rate of $16.00 per hour for a clerical person computed on the basis of $4.00 per quarter hour or fraction thereof, will be charged. In the event copying cannot be done by the District for technical reasons, an estimate of the cost of copying shall be obtained by the District from an available source, and you will be required to deposit the amount of such estimate with the District prior to copying. The records shall be copied by the District (or an outside source,

if necessary) as soon as possible without disruption of the normal business of the District.

1) Description of Record Requested:

_____

_____

_____

Method of Delivery:
Indicate how you would like this record delivered: (check appropriate box)

☐ via U.S. Mail
☐ via email

2) Description of Record Requested:

_____

_____

_____

Method of Delivery:
Indicate how you would like this record delivered: (check appropriate box)

☐ via U.S. Mail
☐ via email

PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

_____
Signature of Applicant