



CONTRA COSTA
HEALTH

4585 Pacheco Blvd., Suite 100 | Martinez, CA 94553 | Phone: (925) 655-3200 | Fax: (925) 646-2073
ccchazmat@cchealth.org

Public Records Request Form

Date of Request: _____

SR# _____

(office use only)

Name: _____ Business Name: _____

Address: _____ Phone #: _____

_____ E-mail: _____

I am requesting the following public record(s) from Contra Costa Health Hazardous Materials Programs.

RECORD(S) REQUESTED: (Use additional form (s) if more space is needed)

Our records are available electronically. We will send the requested records via email. If PDF files are too large to send via email, we will place the files on a disc or thumbdrive and mail them to the address provided.

You may email the completed form to ccchazmat@cchealth.org, or mail or hand deliver to Contra Costa Health Hazardous Materials Programs at 4585 Pacheco Blvd., Suite 100, Martinez, CA 94553; or FAX to (925) 646-2073.

Office Use Only:

Date Received _____ Completed _____ No records Time Spent _____ Min.