



Creating a healthier Marin together.

Application for Inspection & Copying of Public Records

Every person desiring to inspect public records of Marin Healthcare District shall first complete this *Application for Inspection & Copying of Public Records* form. Please complete all fields and submit by email to info@marinhealthcare.org or fax to 415-464-2094. If you have any questions, please contact us at 415-464-2090.

Date: _____

Applicant Name: _____

Applicant Address: _____

Applicant telephone number: _____

Applicant email address: _____

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 application. 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. For a complete text of the Marin Healthcare District's procedures for inspection and copying of public records, please visit our website, www.marinhealthcare.org (under *About Us/Operating Documents*), or contact our office to request a copy.

Does Applicant wish to inspect records at the Marin Healthcare District office? _____

If yes, in conformity of District guidelines, list date Applicant would like, if possible, to inspect records at Marin Healthcare District: _____

There is a charge of \$0.25 per photocopied page. Does Applicant desire a photocopy of the above requested records? _____

There is a charge of \$10.00 per duplicated audio tape. Does Applicant wish for a duplicate audio tape(s)? _____

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