



Live Well. Health Matters.

APPLICATION FOR INSPECTION OF PUBLIC RECORDS

The District encourages public participation in the governing process and provides reasonable accessibility to all public records except those documents that are exempt from disclosure by express provisions of law or considered confidential or privileged under the law. The District has ten days to respond to any request for a copy of public documents by indicating whether or not the documents exist and will be made available. Actual production of the documents may take somewhat longer depending upon their ease of availability and staff workload. You may be notified within the ten-day period that additional time is necessary.

To assist us in providing a timely response to your request, please fill out the form below and indicate the specific record/document you wish to review. If you do not know the precise identification of the document, please describe its contents as clearly as possible. Minutes of Board of Directors meetings, annual budget and audits are available on the BCHD website, www.bchd.org. **This completed application should be mailed or delivered in person to the District office at 1200 Del Amo Street, Redondo Beach, CA 90277.** Public Records can also be requested and tracked through our online Public Records portal at: [https://bchd.govqa.us/WEBAPP/rs/\(S\(vctsknknjz3witqfhtsfep2e\)\)/supporhome.aspx](https://bchd.govqa.us/WEBAPP/rs/(S(vctsknknjz3witqfhtsfep2e))/supporhome.aspx).

NAME: _____

ADDRESS: _____

TELEPHONE: () _____ E-MAIL: _____

RECORD or DOCUMENT REQUESTED (Please be as specific as possible):

REASON FOR REQUEST (**Optional**): _____

DO YOU WISH A COPY OF THE RECORD(S)? Yes _____ No _____

IF YES, HOW MANY COPIES? _____ Fee for copying: 10 cents per page

Audio Tape: \$10.00/ tape DVD: \$25.00/disk

DATE OF INSPECTION: _____

APPLICANT'S SIGNATURE

DATE OF REQUEST

DISTRICT USE ONLY:

IS WRITTEN AUTHORIZATION REQUIRED? Yes _____ No _____

If so, has written authorization been received and attached? Yes _____ No _____

DISTRICT OFFICER'S SIGNATURE: _____