## PUBLIC HEALTH INVESTIGATION CUSTODIAN OF RECORDS REQUEST FOR PUBLIC RECORDS

TEL 323 659-6148 FAX (323) 728-0217

Complete the Custodian of Records Request for Public Records Form in blue or black ink, or type.

If you have any questions about completing the form call (323) 659-6148

Submit your request to Public Health Investigation, Custodian of Records Office to Fax Number (323) 728-0217, Email to phicor@ph.lacounty.gov, or mail to:

Public Health Investigation 5555 Ferguson Drive Suite 120-04 Commerce, CA 90022

## \*Required Information

REQUESTOR INFORMATION			
Name *			
Address *			
City *			
State *			
Zip *			
Telephone No. *			
Fax No.			
Website/Email			
CONTACT PERSON INFORMA	ATION (If different from Requesto	r)	
Name			
Telephone No.			
DELIVERY OF RECORDS (If a	lifferent from Requestor)		
Address			
City			
Zip			
RECORD INFORMATION Typ	e of Record * (Choose only one pe	r request)	
RECORD IN ORMATION 13p	correction (choose only one pe	request)	
ENVIRONMENTAL HEALTH	I ENVIRONMENTAL	ALL OTHERS	
DISTRICT SURVEILLANCE		ALL OTHERS	
Apartment, Condo, Home			
Inspections	Beaches	Animal Bite Report	
Apartment, Condo, Home and	Detteries		
Institution Lead Inspections	Landfills	Medical Marijuana ID	
Food Borne Outbreak	Public Swimming Pools		
Food Poisoning	Recycled Water		
Food Vehicles	Residential Pools		
Motels and Hotel Inspection	Septic Tanks		
Retail Food Inspection	Sewage		
Schools and Day Care			
Inspection	Water Wells		
Street Vendor			
Other Type of Record:			
REQUEST INFORMATION (Pr	ovide as much information possibl	(e)	
Incident Date/Time			
Incident/Food Borne			
Illness/Outbreak Summary No.			
Type of Disease			
Inspector Name (If known)			
Incident Location			
Owner Name			
Victim/Patient/Complainant			
Name			
Date of Birth			
Medical Record No.			
Location of Records			
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