

**COUNTY OF SONOMA DEPARTMENT OF HEALTH SERVICES
ENVIRONMENTAL HEALTH & SAFETY**

625 5th Street ❖ Santa Rosa, CA 95404

www.sonoma-county.org/eh

Phone (707) 565-6565 ❖ FAX (707) 565-6525

FILE REVIEW REQUEST

You will receive a response to your request within 10 days.

Requestor Information	Contact Name	Date
	Agency/Affiliation	
	Phone	Email
Information Requested	Address or File Name	
	Information Needed/Scope	

Statement of Responsibility

I understand that the following rules apply to my use of the file review are:

1. No document may be removed from the file review area.
2. No file may be taken apart.
3. Bags or briefcases must be placed on the floor, under the work surface.
4. No pens are allowed in the file review area. Pencils are permitted.
5. No marking of the file documents is permitted.
6. Files must be returned in the same condition in which they were found.
7. Please take phone calls outside the office.

Copies may be requested at a rate of \$ 0.10 per copy. If the number of copies requested is 10 or fewer, we will make every effort to make copies while you wait. For larger copy requests, your request will be prioritized along with other tasks. We will make every effort to complete the copying and mail them to you within 10 days of your request.

Please sign below to acknowledge that you understand the file review and photocopy request policy stated above and agree to comply with these terms.

Signature of File Reviewer

Date

For Office Use Only

Number of copies made:

Date Received/Sent

Payment Received: \$