

County of Santa Clara

Public Records Request Form

Please Print Legibly or Type:

Name of Requestor:	
Agency/Company: (if applicable)	
Address of Requestor:	
Phone # of Requestor:	
Fax # of Requestor:	
Email of Requestor:	
Indicate the Best Way to Reach You:	

Requested Documents - please be as specific as possible & be sure to include the address of the location being requested (including city) and the exact type of records you are looking for:

Once the form is completed and printed, you can either email to dehweb@deh.sccgov.org or fax to (408) 286-3280.

FOR COUNTY USE ONLY:	
Date Received:	Initials:
Department Received:	Request #:
Date Submitted to Counsel:	