



P. O. Box 95
San Andreas, CA 95249
(209) 754-4468 Telephone
(209) 754-2537 Fax

Public Records Request

Date Request Received: _____ Time: _____

Contact Information (the following information is for tracking and response purposes):

Name: _____

Company Affiliation: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Signature: _____

Description of records requested (please cite as clearly & specifically as possible; attach additional sheet if necessary)

Dates of Records: _____

PENALTY FOR REMOVING INJURING OR CONCEALING PUBLIC RECORDS AND DOCUMENTS NRS 239.310. A PERSON WHO WILLFULLY AND UNLAWFULLY REMOVES, ALTER, MUTILATES, DESTROYS, CONCEALS OR OBLITERATES A RECORD, MAP, BOOK, PAPER, DOUCUMENT OR OTHER THING FILED OR DEPOSITED IN A PUBLIC OFFICE, OR WITH ANY PUBLIC OFFICER, BY AUTHORITY OF LAW, IS GUILTY OF A CATEGORY C FELONY AND SHALL BE PUNISHED AS PROVIDED IN NRS 193.130.

For office use only

Method of response:

_____ 5-day letter / awaiting response

Date: _____

_____ Mail Date: _____

_____ Fax Date: _____

_____ Email Date: _____

_____ CD Date: _____

Public Inspection: Yes _____ No _____

By Whom: _____ Date: _____

Amount of Fee Collected: _____

Notes: _____

Date Request File Closed: _____ By (title): _____

Mark Twain Health Care District Mission Statement

“Through community collaboration, we serve as the stewards of a community health system that ensures our residents have the dignity of access to care that provides high quality, professional and compassionate health care”.

This Institution is an Equal Opportunity Provider and Employer