



**Tahoe Forest Hospital District
Application for Copying of Records
(Please print)**

Date of Request: _____

Name of Applicant: _____

Applicant Address: _____

Telephone Number: _____

Description of Requested Records: _____

Would you like a copy of the records?

(There will be a charge of 10 cents per page for copying)

Date copying of records needed?

Purpose of Request? (Optional)

NOTE: Excerpt from Tahoe Forest Hospital District Board of Directors Policy titled: "Inspection and Copying of Public Records", Exhibit A, Page 2 of 3.

-Upon receipt of an application for inspection or copying of records, the District shall determine within ten (10) days after the receipt of such application whether to comply with the request. The District shall immediately thereafter notify the person making the request of the District's determination and the reason thereof.

In the case of unusual circumstances the ten (10) day limit is extended by written notice from the District Chief Executive Officer to the person making the request. Such notice shall give the reason(s) for the extension and the date on which a determination is expected to be made. Any such extension shall not exceed ten (10) business days.