



100B Drakes Landing Road, Suite 250  
Greenbrae, CA 94904  
(415) 464-2090

### Application for Inspection & Copying of Public Records

Every person desiring to inspect public records of Marin Healthcare District shall first complete this *Application for Inspection & Copying of Public Records* form. Please complete all fields and click the submit button at the bottom. Your application will automatically be emailed to [mariacountouriotis@marinhealthcare.org](mailto:mariacountouriotis@marinhealthcare.org). If you have any questions, please contact Maria Countouriotis at (415) 464-2090.

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant telephone number: \_\_\_\_\_, \_\_\_\_\_ - \_\_\_\_\_

Applicant email address: \_\_\_\_\_

Within ten (10) days of receipt of an application, the District shall determine whether the application seeks identifiable public records and whether to comply with the application. The District shall immediately thereafter notify the person submitting the application of the District's determination and the reasons therefore. In case of "unusual circumstances," the District may extend the ten (10) day time limit by providing written notice to the person making the application. For a complete text of the Marin Healthcare District's procedures for inspection and copying of public records, please visit our website at [www.marinhealthcare.org](http://www.marinhealthcare.org) (under *About MHD/Operational Documents*) or contact our office to ask for a copy.

Does Applicant wish for document to be mailed or emailed to him/her? \_\_\_\_\_

Does Applicant wish to inspect records at the Marin Healthcare District office? \_\_\_\_\_. If yes, in conformity of District guidelines, list date Applicant would like, if possible, to inspect records at Marin Healthcare District: \_\_\_\_\_

There is a charge of \$0.25 per photocopied page. Does Applicant desire a photocopy of the above requested records? \_\_\_\_\_

There is a charge of \$10.00 per duplicated audio tape. Does Applicant wish for a duplicate audio tape(s)? \_\_\_\_\_

Description of records Applicant desires to inspect (please be as specific as possible):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

