

PUBLIC RECORDS REQUEST FORM

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To facilitate processing your Public Records Act request, we encourage you to use the electronic form.

If you prefer to contact us by regular mail or have copies of documents to submit in support of your request, please use this fillable form and mail to:

**Sequoia Healthcare District
 Attn: Janeene Johnson
 525 Veterans Boulevard
 Redwood City, CA 94063
 Facsimile: (650) 421-2159**

In order for us to forward our response to your request, please provide some form of contact information (address, phone number, or e-mail).

* Indicates Required Fields

First Name:	Middle:	Last Name:		
*Address:		*City:	*State:	*Zip Code:
E-mail Address:		Phone Number:		

Record Requested:

Please provide as much detailed information as possible regarding the records you seek (e.g., date, case name, case number, document description, etc.)

Record(s) Description:

Comments: