

Application for Inspection or Copying of Public Records



APPLICATION FOR INSPECTION OR COPYING OF PUBLIC RECORDS

The Public Records of Seneca Healthcare District subject to inspection and copying may be inspected at all times during the regular office hours of the District Office, Monday through Friday (except Holidays), from 0900 – 1700, with the exception of an hour for lunch usually from 1200-1300.

Applicant: _____
Name (Please Print) Signature
Mailing Address
Home Telephone Number Mobile Telephone Number

Date of Inspection: _____

Description of records to be inspected. Please be as specific as possible so that we can help you identify the correct records. You may use the back of this form if more space is needed.

The charge for copies of requested records is \$0.25 per page. Do you wish to have copies of the requested records? [] Yes [] No

The charge for certification of copies is \$10.00. Do you wish to have the copy of requested records certified? [] Yes [] No

Copying of requested records will be accomplished as soon as possible without disruption of normal District business. You may expect to have your copies by: _____.

No records of any kind may be removed by an inspecting party from the place of inspection for any purpose whatsoever without an order of a court of competent jurisdiction.

_____ @ \$0.25 = \$ _____ Certification? \$ _____ Total Fee Paid \$ _____
Staff Accepting App No of Copies