



San Francisco Department of Public Health

Barbara A. Garcia, MPA
Director of Health

City and County of San Francisco
Edwin M. Lee, Mayor

Public Records Request Form

PublicRecords.dph@sfdph.org

Date: _____

Name: _____ Phone # _____

Address: _____ E-mail _____

I am requesting the following public record from the San Francisco Department of Public Health.
A request must "reasonably describe an identifiable record." See Government Code § 6253.

RECORD REQUESTED: Use a separate form for each public records request

- Copy this record and send to the above mailing address.*
Copy the record and notify me when ready for pick up at 101 Grove St., Room 308.
E-mail this record to me at the above e-mail address. (If available electronically).
I wish only to review the records in person. Please notify me when the record is available for viewing.

Copies of public documents are 10 ¢ per page; 20 ¢ per page double-sided.
*Postage costs are additional.

Payment is required before receiving records.
Check or money order only. Make payable to City & County of San Francisco.

Send completed form to: PublicRecords.dph@sfdph.org; or mail or hand-deliver to San Francisco
Department of Public Health, Public Records Request, 101 Grove St., Room 314, San Francisco, CA
94102; or FAX, 415/554-2806.



Office Use Only:

Date Received: _____

Date Completed _____