



DEPARTMENT OF ENVIRONMENTAL RESOURCES

3800 Cornucopia Way, Suite C Modesto, CA 95358-9492  
 Phone: 209.525.6700 Fax: 209.525.6774

TO: _____	FROM: _____
DATE: _____	FAX: _____

**REQUEST TO REVIEW  
 DEPARTMENT OF ENVIRONMENTAL RESOURCES  
 RECORDS**

Requestor Name: _____	
Phone: (    ) _____	Company Name: _____
Fax: (    ) _____	Mailing Address: _____

(You may attach a business card.)

**Fax your completed form to: (209) 525-6774 or mail your request to the address above, Attn: File Review. Please provide the complete facility address and name of business for each site that you are requesting.**

**ONLY ( 5 ) ADDRESSES PER REQUEST/REVIEW**

1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>
4	<input type="checkbox"/>
5	<input type="checkbox"/>

<input type="checkbox"/> Underground Storage Tank <input type="checkbox"/> Disclosure Files <input type="checkbox"/> Mitigation Files <input type="checkbox"/> Generator	<input type="checkbox"/> Site Assessment <input type="checkbox"/> Mitigation Release(s) <input type="checkbox"/> Other:
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Files reviewed by: _____	of _____	Date: _____
Files copied for: _____	of _____	Date: _____
Photocopies: _____	Cost: _____	Pull: _____
Picked up/mailed on: _____		By: _____

DER complies fully with the California Public Records Act and the Federal Freedom of Information Act. Every request will be processed in the order it is received. You will be notified when the file(s) will be available for review. Appointment days are on **Tuesdays and Thursdays**. Photocopies of file items may be obtained at the time of review per the following: 1) Copies may be obtained through DER. There is a fee of \$1.00 per facility site for file pull. Charges to cover cost of copies: 25¢ per 8.5"x11", 50¢ for larger page size. Requesting copies be mailed to your address requires the prepaid cost of mailing and copy charge. 2) Digital pictures can be taken at the time of review. 3) File copies can be made by a bonded, licensed copy service of your choice. This may be done as a complete file copy without a review, or previously tabbed documents from review for copy service. Please call DER to check available times for a copy service appointment and verify to coordinate with your copy service.

Signature _____	Title _____	Date _____
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<sup>1</sup> **IF THIS BOX IS CHECKED, NO RECORDS** were located for the address(es) requested. (Addresses are specific to the site.)