A Public Agency CalOptima Better. Together.

Request for Inspection/Copying of CalOptima Public Records

Requesting Party:

Name: _____
Business: _____
Address: _____
Telephone: _____
E-Mail: _____

Date of Inspection (When inspection required):

Do you want copies of such record(s)? ☐ Yes ☐ No

Please describe in exact detail the record(s) you wish to inspect/copy. When authorization is required pursuant to California law, please provide an explanation of your authorization to inspect/copy these records and attach the written authorization.

CalOptima use only:
Paid: ☐ Yes ☐ No Amount Paid: Date payment received:
Notes:

505 City Parkway West, Orange, CA 92868 Phone: (714) 246-8400 Fax: (714) 481-6378