



CalOptima Health

Request for Inspection/Copying of CalOptima Health 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.

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CalOptima Health use only:

Paid: Yes No Amount Paid: Date payment received:

Notes: