



COUNTY OF SISKIYOU

COMMUNITY DEVELOPMENT DEPARTMENT

Building ♦ Environmental Health ♦ Planning

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www.co.siskiyou.ca.us/page/community-development

REQUEST TO VIEW CUPA FILES

REQUESTOR INFORMATION

Date _____

Name (Please Print Full Name)		Title	Company	
Physical Address		City	State	Zip Code
Mailing Address (If Different From Above)		City	State	Zip Code
<input type="checkbox"/> Phone	<input type="checkbox"/> Fax	<input type="checkbox"/> Email		

Please check a box to indicate the preferred method of contact in the event of questions.

PURPOSE OR RELATIONSHIP TO PROPERTY

So that we may provide better service, please check one or more of the boxes below which best describe how the findings of the CUPA Records Search will be used and/or your relationship to the property in question.

- Environmental Site Assessment
 Real Estate Transaction
 Legal
 Government Regulator
 Owner of the facility
 Other: _____

BUSINESS/FACILITY NAME	PHYSICAL SITE ADDRESS (please include city and zip)	PARCEL NUMBER
1.		
2.		
3.		

INFORMATION REQUESTED

- Correspondence
 Inspections
 UST Information
 Hazardous Materials Business Plan (HMBP)
 Investigation Reports/Complaints
 Other: _____
 Spill Reports/Incidents

FEES & REVIEW

Requests for file copies shall be charged \$0.50 per copy. Electronic copy requests shall be charged at staff productive hourly rate(s).

- Review in Person
 Request Hard Copy Files Mailed
 Request Electronic Copies

I understand that I will be notified within ten (10) calendar days from receipt of this public records request. If production of records is requested, an estimated cost will be provided to me and I agree that I will be required to submit payment for duplication costs (and mailing) prior to the production of requested documents. If arrangements for payment and production are not made within twenty (20) days of the date of SCEH's response, I understand that a new request may have to be submitted.

I understand that types of records, including but not limited to trade secrets, site maps, chemical locations and ongoing investigations are specifically exempted under one or more sections of the Government Code 6254 and/or Health & Safety code 25509(b0) & 25538 and/or California Code of Regulations, Title 19 2775.5 from the general rule of accessibility and that it is the policy of this agency that data, files, and/or records in this category will not be released for review until specific approval is granted by proper court of law and/or the County Attorney and/or Agency Director and/or their designee.

Signature _____ Date _____

FOR AGENCY USE ONLY

Date Received	Approved/Denied	Files Provided/Reason Denied	
Number of Copies	Hours to Process		
Date Payment Received	Payment Method		
Date Request Completed	REHS		Date