



File Review Request Form

Planning and Development Department
 Toxics Management Division
 A Certified Unified Program Agency

USE THE TAB KEY TO MOVE FROM ONE FIELD TO THE NEXT

Applicant's Name:	Phone:
Company's Name:	Fax:
Reason for Review:	E-mail:

Note: Upon request for a copy or inspection of records, the City shall, within 10 days from receipt of the request, determine whether the request in whole or in part, will be made available and shall promptly notify the person making the request of the determination and the reasons therefore.

Specific File(s) Requested:

1. Facility Name:	Address:
2. Facility Name:	Address:
3. Facility Name:	Address:
4. Facility Name:	Address:
5. Facility Name:	Address:

Note: Facility addresses are required. Maps, trade secret information, and personal phone numbers will not be available for review. (Reference Hazardous Materials Code, BMC Section 15.12.110, and Health and Safety Code, BMC Section 25506)

File Review Guidelines:

Any person reviewing file(s) shall adhere to the following guidelines:

- a) Keep file documents in the order found;
- b) Do not mark, annotate, underline, or otherwise write on file documents;
- c) Removing documents from premises is prohibited.

Photocopying or other reproduction of documents:

Photocopying of a few documents is available upon request at the rate furnished in the Fee Resolution. Request for reproduction of large quantities will be completed offsite and arranged by Toxics Management staff. Applicants may bring their own reproduction equipment.

Applicant's Signature: _____ Date: _____

FOR CITY OF BERKELEY TMD USE ONLY	Due Date:	Date of Review:	Time of Review:
	Action Date:	Number of Copies:	Cost @ \$0.10 each:
	Request completed by:		