NoRTEC
11 Ilahee Ln, Chico CA 95973
(530) 892-9600
www.ncen.org

Public Record Information Request

Requested By: _____ Date: _____

Requested By: _____
Last *First*

Email address: _____ Phone: _____

General Topic of Information Requested:

What form would you like the records to be delivered?

☐ Flash drive (you must provide flash drive for files to be transferred)
☐ Email (subject to file size)
☐ Paper Copies (.20 cent charge per copy)
☐ In office viewing

For Staff Only

Date Received: _____ Date Information Provided: _____

_____
NoRTEC Staff Signature *Date*

Fees Charged

Items: _____

Charge:$ ☐ Paid ☐ Deposit

No Fees Charged: ☐