

**California Department of Public Health (CDPH)
Regulation Notice Request Sheet**

Contact Information:

Name: _____

Title: _____

Organization: _____

Address: _____

City, State and Zip: _____

Six Digit Code From Current Mailing Label if applicable (located above your name): _____

Phone Number: _____

Please select your preferred method of notification for CDPH Regulatory Actions:

☐ Electronically deliver regulatory actions via e-mail _____
(please provide your e-mail address)

(By checking e-mail as your preferred method of notification you agree to receive e-mail notices when new information is available in your area(s) of interest as indicated below)

OR

☐ Mail regulatory actions to me using the United States Postal Service (USPS)

AND

Please send copies of the following notices for CDPH Regulatory Actions:

- ☐ **(101) All Program Areas** (Do not check this box if you do not want to receive notification for all program areas)
- ☐ **(102) Chronic Disease & Injury Control**
 - ☐ **(103) Communicable and Reportable Disease**
 - ☐ **(104) Environmental and Occupational Health**
 - ☐ **(105) Health Information and Strategic Planning**
 - ☐ **(106) Immunization**
 - ☐ **(107) Laboratory and Tissue Bank**
 - ☐ **(108) Licensing and Certification Programs**
 - ☐ **(110) Medical Device, Food, and Drug Safety**
 - ☐ **(112) Primary Care/Family Health**
 - ☐ **(113) Radiologic Health**
 - ☐ **(114) Water**

OR

☐ **REMOVE ME** from the notice list for all CDPH Regulatory Actions

Pursuant to California Government Code Section 11347.3 the Department is statutorily required to make rulemaking files open to the public. All information you submit, with any written comments on proposed regulations (including your name, mailing, and e-mail addresses) will become public information open to public inspection.