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

Contact Information:

Name:	
Title:	
Organization:	
Address:	
City, State and Zip:	
Please select your preferred method of notification for CDPH Regulatory Actions:	
☐ Electronically deliver regulatory actions via e-mail	places provide your a mail address)
(By checking e-mail as your preferred method of notification notices when new information is available in your area(s	cation you agree to receive e-mail
OR	
☐ Mail regulatory actions to me using the United States Postal Service (USPS)	
TOPICS OF INTEREST	
Please choose from the following 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	Please return this form in one of the
☐ (107) Laboratory and Tissue Bank	following formats to:
☐ (108) Licensing and Certification Programs	Anita.Shumaker@CDPH.ca.gov OR
☐ (110) Medical Device, Food, and Drug Safety	FAX: (916) 636-6220
☐ (112) Primary Care/Family Health	OR California Department of Public Health
☐ (113) Radiologic Health	Office of Regulations Attn: Anita Shumaker
☐ (114) Water	1415 L Street, Suite 500
☐ (115) Manufacturing Cannabis Safety OR	Sacramento, CA 95814

☐ **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.