



State of California Division of Workers' Compensation

Public Records Act Request Form

Routine requests should be made to your local district office.
Click [here](#) for local district office locations.

Date received _____

Party/Representing a party

Due date _____

Not a party

(Response Due: Immediately or within 10 days from date of request)

Requester information [Voluntary unless seeking personal or individually identifiable information]

Name	
Company	
DWC Authorization Number [Copy, Legal & Investigative Services]	
Representing	
Business Address	
Alternative Address	
City, State, ZIP Code	
Telephone (business)	
Fax	
E-Mail	

Description of Records Requested/Initial Contact with Requesting Party:

Inspection

Copying

WCAB File No.:
Injured Workers Name:
Other:

Is Request for Purposes of Pre-Employment Screening?

Yes No

(If yes, DWC shall send notification letter to injured worker)

For Request for Personal Information of Individually Identifiable Information, state the purpose for which the information will be used and provide proof of identity and address.

Name of DWC Employee-Initial Contact:

If other than routine request fax to: Stephanie Leach, Statewide Records Coordinator at (916) 322-3470

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July 2006

Fax to: Stephanie Leach, Statewide Records Coordinator at (916) 322-3470

INFORMATION RE RESPONSE TO PUBLIC RECORDS ACT REQUEST:

Responsible program or district office
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Name/telephone # of Local Records Coordinator:	Name	Telephone #
Date responsive letter sent/ Method of delivery (mail, overnight, e-mail, fax)	Date	Method
Description of information Disclosed (include # Of documents)		
If information withheld - exemptions or privileges asserted		
Describe information that was withheld, if any		
Date information disclosed		
Amount of copy fee		
Date of receipt of PRA request/ how request was received (e.g., walk-in, letter)	Date Received	How received
Does any further action need to be taken re this request?		