



Public Records Act Request Log and Tracking Form State of California Division of Workers' Compensation

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

Date received _____

Party/Represented party

Date due _____

Not a party

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

Name	
Company	
DWC Authorization Number [Copy, Legal & Invest Services]	
Copies for Dr. representing	
Business Address	
Alternative Address	
City, State, ZIP Code	
Telephone (business)	
Fax	
E-Mail	

Description of Records Requested/Initial Contact with Requesting Party:

- Walk Through
 Inspection
 Copying

WCAB File No.:
Injured Workers Name:
Other:

Is Request for Purposes of Pre-Employment Screening? Yes No
(If yes, DWC to send notification letter to injured worker)

For Requests for Personal information or 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:
Telephone Number:
Date of Request:

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?		