



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

If other than a routine request at a district office for viewing/copying file at the time of request,
fax to: Stephanie Leach, Statewide Records Coordinator at (916) 322-3470

Date received _____

Party/Representing a party

Date due _____

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]	
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 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:

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

INFORMATION RE RESPONSE TO PUBLIC RECORDS ACT REQUEST:

Responsible program or district office
--

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?		