



# 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<br>[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  
Public Records Act Request Form  
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 |
|--|

|  |               |              |
|--|---------------|--------------|
| Name/telephone # of Local Records Coordinator:   | Name          | Telephone #  |
| Date responsive letter sent/<br>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/<br>how request was received<br>(e.g., walk-in, letter) | Date Received | How received |
| Does any further action need to be taken re this request?                              |               |              |

Authorized Agent:  
Knox Attorney Service, Inc./ Knox Services LLC.