



# 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

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 work.)*

**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:
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