

I request to inspect, in accordance with California Government Code (CGC) Section 6253 and the Guidelines for the Inspection of Public Records (CDCR form 1431), established by the California Department of Corrections and Rehabilitation (CDCR), records of the following name or type, maintained at the below CDCR location.

NAME OF RECORD(S) OR DESCRIPTION OF SUBJECT MATTER:		
FACILITY OR OFFICE WHERE THE RECORD IS MAINTAINED:		
Please mark the appropriate box		
<input type="checkbox"/> I do not desire to have a copy of the above record reproduced for my use.		
<input type="checkbox"/> Reproduce a complete copy of the above named record for my use. I agree to pay postage and 12 cents for each page photocopied.		
REQUESTOR'S NAME (PRINT):	REQUESTOR'S SIGNATURE	DATE
REQUESTOR'S ADDRESS:		
ADDRESS	CITY, STATE	ZIP CODE
REQUESTOR'S PHONE NUMBER:		

FOR DEPARTMENTAL USE ONLY
Mark the appropriate box(es) and complete the related section(s).

An appointment has been made for the requestor to inspect the requested record(s).
Date Time Location _____
Signature of PRA Coordinator Authorizing Inspection _____ Date

The requestor has inspected the requested record(s).
Inspection Date Signature of PRA Coordinator authorizing the inspection _____

The requestor has requested copies of the above named record(s).
Number of pages copied Total Cost Payment Method _____

The requested record(s) is/are not considered a public record and will not be disclosed to the requestor. The requestor has been informed in writing of this decision and that the requestor may appeal this decision.
Signature of PRA Coordinator denying disclosure _____ Date

The extent of the inspection requested or the reproduction services required, exceeds the service that can be provided at this location. The request has been referred to the appropriate Division/Office, for further consideration.
Signature of PRA Coordinator making the referral _____ Date

Pursuant to CGC Section 6253(c), an extension is needed to collect and review the requested record(s).
Reason: _____

Anticipated date of determination (Not to exceed 14 days beyond the original 10 authorized days).

Signature of PRA Coordinator Authorizing Extension _____ Date