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

☐ I do not desire to have a copy of the above record reproduced for my use.

☐ 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