



# State of California Division of Workers' Compensation

## Request for Public Records

**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 [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?  
*(If yes, DWC shall send notification letter to injured worker)*

Yes     No

**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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