FAIR POLITICAL PRACTICES COMMISSION

California Public Records Request Intake Form

Requestor Information

Date: ____________________________________________

Name: ____________________________________________

Organization (if any): ____________________________________________

Address: ____________________________________________

______________________________________________

Telephone/Fax: ____________________________________________

Email Address: ____________________________________________

Description of Information Requested

Please be as specific as possible. Attach additional sheets of paper as necessary.

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________

CPRA Coordinator: _______________ Date Received: ____________