



LOS ANGELES COUNTY PUBLIC WORKS SURVEY/MAPPING AND PROPERTY DIVISION

YOU ARE NOT REQUIRED TO FILL OUT THIS FORM IN ORDER TO RECEIVE PUBLIC RECORDS UNDER THE CALIFORNIA PUBLIC RECORDS ACT. COMPLETING THIS FORM IS OPTIONAL. THE INFORMATION REQUESTED BELOW, HOWEVER, SERVES TO ASSIST OUR EMPLOYEES IN PROCESSING YOUR PUBLIC RECORDS REQUEST.

PUBLIC RECORDS INSPECTION/COPYING REQUEST

In accordance with the California Public Records Act, California Government Code 6250, et al., Los Angeles County Public Works (PW) will respond to requests for PW records and documents and provide access to records and documents that have been designated public information. Every person has a right to inspect public records as provided in the Act during the Department's office hours.

("Public Records" consist of any information relating to the public's business prepared, owned, used, or retained by any public agency. Included are handwritten, typewritten, printed or photocopied documents; photographic films and prints; maps; magnetic or paper tapes; magnetic or punched cards; discs; and other forms of data.)

Pursuant to the Act, certain records are not subject to disclosure. PW, upon request for a copy of records, shall determine within 10 days from the request whether to comply with the request and shall immediately notify the person making the request of such determination. In unusual circumstances, the 10-day period specified above may be extended an additional 14 days upon written notice to the requestor, stating the reasons for the extension and the date a determination is expected.

Requested By: _____ (Please Print)

Date: _____

I prefer to be contacted by: Telephone U.S. Mail E-mail

Telephone: _____ U.S. Mail: _____

E-Mail: _____

DOCUMENTS REQUESTED:

Time-period of interest: _____ Project Number, if any: _____ Thomas Guide co-ordinates: _____

(OPTIONAL) Are the documents requested being sought for the purpose of a claim or litigation?

Yes No

If yes, please indicate: Firm Name: _____

Case Name: _____

Case Number: _____ Court Location: _____

I understand that I may be charged for this service. Estimated cost (if over \$50) \$ _____

Documents delivered by _____
Signature Date

Total cost \$ _____ Cost detail _____