



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 _____

Due date _____

Party/Representing a party

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 | Tiffany Anderson |
| Company | ST County Mosquito & Vector |
| DWC Authorization Number [Copy, Legal & Investigative Services] | |
| Representing | pro per |
| Business Address | 1900 Lakeshore Drive |
| Alternative Address | |
| City, State, ZIP Code | Lodi CA 95242 |
| Telephone (business) | 209-331-0208 |
| Fax | |
| E-Mail | |

Description of Records Requested/Initial Contact with Requesting Party:

I will come in to scan files

Inspection

Copying

| | |
|--|-------------|
| WCAB File No.: | |
| Injured Workers Name: | Larry Nolin |
| Other: | |
| All WCAB ADJ filings for employees of San Joaquin County Mosquito & Vector Control | |

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.

| |
|---|
| I have claims that have been denied and these injured workers show a history of proof for my claims |
| Name of DWC Employee-Initial Contact: |

If other than routine request email: DWC_PRA@dir.ca.gov
Public Records Act Request Form

May 2011

SIGN: Tiffany Anderson

DATE: 2-13-14