

## State of California Division of Workers' Compensation Request for Public Records

Click here for local distric	office locations.
Date received	₩ P/P
Due date	Party/Representing a party
(Response Due: Immediately or y	vithin 10 days from date of request)
Requester Information [Volunta	ary unless seeking personal or individually identifiable information]
Name	T. 111
Company	STA underson
DWC Authorization Number	I County Mosquito & Vector
[Copy, Legal & Investigative Services]	
Representing	Pro an
Business Address	
Alternative Address	1900 Lakeshore Drive
City, State, ZIP Code	Lod: CA 95242
Telephone (business)	
Fax	209-331-0208
E-Mail	
I will come	Initial Contact with Requesting Party: Inspection
WCAB File No.:	Copying
Injured Workers Name:	Dwham
	LACCopying
Other:  All LICAB	Durham  ADJ Filings for employees of
Other:  All Son Soa	Duham  1DJ Flings for employees of
Injured Workers Name: Other:  All CAB John Sog  Is Request for Purposes of Pre-Employees	Durham  1DJ Flings for employees of  Quin County Masquito & Vector Control
Other:  All Son Soa	Durham  1DJ Flings for employees of  Quin County Masquito & Vector Control
Injured Workers Name: Other:  All Son Social Sequest for Purposes of Pre-Employ (If yes, DWC shall send notification left)  For Requests for Personal Information (Information Personal Information Personal Information Personal Information Personal Information (Information Personal Information Personal Information Personal Information (Information Personal Information Personal Information Personal Information (Information Personal Information Personal Information Personal Information Personal Information (Information Personal Information Personal Information Personal Information Personal Information Personal Information (Information Personal Information	Duham  ADJ Filings for employees of  Quin County Masquito & Victor Control  Dyment Screening?  Yes No  Setter to injured worker)
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Injured Workers Name: Other:  All JCAB  Is Request for Purposes of Pre-Emplo (If yes, DWC shall send notification l  For Requests for Personal Information will be used and provided the send notification will be used and notification will be used and notification will be used and notification will be used to the send notification will be used to the send notification will be used to the send notification will be	Duham  ADJ Flings of employees of  Quin County Mosquito & Victor Control  Dyment Screening? Yes No  etter to injured worker)  tion or Individually Identifiable Information, state the purpose for which the le proof of identity and address.
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