



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:	Michelle Morgan
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:	

SIGN: Jeff
DATE: 2-13-14