



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 on
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:	Norm Hopkins
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: _____

DATE: _____

2-13-14