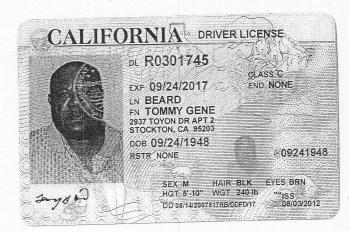


If other than routine request email: DWC PRA@dir.ca.gov
Public Records Act Request Form
May 2011

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

Date received 1-29-7	20/6 Party/Representing a party
Due date	Not a party
(Response Due: Immediately or wi	\sim
	ry unless seeking personal or individually identifiable information]
Name	Tommy G BEARD
Company	S. 5 Mosfulto & vector CONTRIL
DWC Authorization Number [Copy, Legal & Investigative Services]	
Representing	Tom Bearil
Business Address	2937 TOYON DICK # 2
Alternative Address	
City, State, ZIP Code	Stockton CA 95203
Telephone (business)	209 941-2782
Fax	
E-Mail	
WCAB File No.:	d/Initial Contact with Requesting Party: Inspection Copying
Injured Workers Name:	
Other: Is Request for Purposes of Pre-Emp	
Injured Workers Name: Other: Is Request for Purposes of Pre-Emp (If yes, DWC shall send notification For Requests for Personal Inform information will be used and prov	,
Other: s Request for Purposes of Pre-Emp If yes, DWC shall send notification For Requests for Personal Inform	n letter to injured worker) nation or Individually Identifiable Information, state the purpose for which the
Other: Is Request for Purposes of Pre-Emp (If yes, DWC shall send notification For Requests for Personal Inform	n letter to injured worker) nation or Individually Identifiable Information, state the purpose for which the
Other: s Request for Purposes of Pre-Emp If yes, DWC shall send notification For Requests for Personal Inform	n letter to injured worker) nation or Individually Identifiable Information, state the purpose for which the vide proof of identity and address.



DOB 9/24/1949