

Date Received

Office of AGRICULTURAL COMMISSIONER

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	CAC Tracking #			
		(YYYYMMDD-Your Initials-#)		
ONER	Assigned	Date	Supervisor Initials	
	Completed	Date	Supervisor Initials	
	Reviewed	Date	Supervisor Initials	
		Total Hours		

REQUEST TO INSPECT PUBLIC RECORDS

Received by			
Via (phone, email	, etc.)		
Name	Repres	Representing	
Phone Number, F	ax & Email Address		
l have re	ad the Department's guidelines and wish	to inspect the following public records.	
Complete Descri	ption:		
To be complete	d by Departmental personnel:		
[] Approved	[] Disclosure of the requested informa Prohibited by law. State reason(s) b	•••	