



## Request for Information Form

This is a request under the California Public Records Act ("CPRA")

Requestor:	Date:
Organization/Address:	
Telephone:	
Nature of Occurrence/Specific Information Desired:	
Date and Time of Occurrence:	
Location:	
Is this information intended for use in a court of law? (circle one)	Yes      No
<input type="checkbox"/> I request to review the following document(s)/item(s)	
<input type="checkbox"/> I request that a copy of the following document(s)/item(s) be provided to me	
<b>TYPE OF INFORMATION REQUESTED</b>	
<input type="checkbox"/>	Video Surveillance
<input type="checkbox"/>	Audio Recording
<input type="checkbox"/>	Access Control
<input type="checkbox"/>	Other
<b>FOR AUTHORITY USE ONLY</b>	
Approved by:	Date:
Data contains SSI?	Yes      No
SSI Approval by ASC:	Date:
SSI Approval by APD:	Date:
SSI Approval by TSA:	Date:
Completed by:	Date:
Released by:	Date: