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PHIL SCOTT District Manager

In reply, please refer to our File No.

PUBLIC RECORDS REQUEST INTAKE FORM

REQUESTOR:			
ORGANIZATION (if any):			
ADDRESS:			
EMAIL ADDRESS:			
PHONE/FAX NUMBER:			
Date of Request:			
DESCRIBE RECORDS RE	QUESTED OR A	TTACH WRITTEN REQUEST)
WBSD office use only belo Date Received in Legal Div			
Assigned to Legal Div. Atto	rney:		
Staff Person Taking Reque	est:		