## TEHAMA COUNTY DEPARTMENT OF AGRICULTURE/WEIGHTS & MEASURES PUBLIC RECORDS REQUEST

This Public Records Requ	lest form is to be completed b	by each person of	applicant
Se	eking to review or copy reco	rds.	

1.	Applicant:				
2.	Legal Residence:				
3.	Mailing Address:				
4.	Phone ( ) Email:	-			
5.	Specific Public Records Requested for Disclosure:				
6.	Dates of Period(s) for Records of Interest				
	From: To:				
7.	I am seeking to review the public records itemized above on (when you expect to inspect th records at the office).	(when you expect to inspect the			
8.	I am requesting a copy of the public records itemized above on (when you expect to inspect records at the office).				
Sig	anature of Applicant:				
Dat	te:				

Agricultural and Weights & Measures Public Records Disclosure Policy:

It is the policy that all Department Records, not otherwise exempted from disclosure by statutory or case law, shall be open for public inspection with the least possible delay and expense to the requesting party. Toward this end, most records may be inspected at the Department's office with minimal delay. The Department may require up to ten (10) days copying requested records. The cost for copying public records is .10 for each page. Exceptions are information reports which the Department has previously copied and has available for general distribution. Records involved in enforcement proceedings may not be available pending the closure of the enforcement action.

For Internal District Use Only				
Date Received	Process Due Date	Processed by		
Confidential Information:	Yes/ No	Authorized by		

