



**FAIR POLITICAL PRACTICES COMMISSION**  
**California Public Records Request Intake Form**

**Requestor Information**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Organization (if any): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone/Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Description of Information Requested**

Please be as specific as possible. Attach additional sheets of paper as necessary.

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CPRA Coordinator: \_\_\_\_\_ Date Recieved: \_\_\_\_\_