State of California--Health and Human Services Agency

Department of Developmental Services

REQUEST TO INSPECT PUBLIC RECORD

DS 43 (Rev. 8/2003) (Electronic Version)

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Name	Representing		
Address	Telephone Number	Date	
Signature - Requestor			
Complete Description of Public Record:			

Inspected: Date Requestor Photocopied: Date Copies Provided: Date Payment Received: Date	Disclosure of the requested reco	ord is prohibited by law:
Signature - Departmental Representative	Unit	Date
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