CRA/LA, A DESIGNATED LOCAL AUTHORITY

REQUEST FOR PUBLIC RECORDS

DATE OF REQUEST: _____

REQUESTOR: _____

COMPANY NAME: _____

ADDRESS: _____

EMAIL: _____ TELEPHONE: _____

DESCRIBE THE TYPE OF RECORDS YOU ARE REQUESTING TO INSPECT. PLEASE BE SPECIFIC AS POSSIBLE:

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PROJECT AREA: _____

PERIOD OF TIME COVERED BY RECORDS (IF APPLICABLE): _____

Submit completed form to the Custodian of Records (Email as attachment to: **records@crala.org** or Mail to: **448 South Hill Street, Suite 1200, Los Angeles, CA 90013**.

FOR OFFICAL OFFICE USE ONLY

DATE RECEIVED: _____ DATE DUE: _____ DATE REQUESTOR NOTIFIED: _____