



FAIR POLITICAL PRACTISES 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.

CPRA Coordinator: _____ **Date Received:** _____

When complete, please email this form to our administrator at compliance@ccrcd.org