



OFFICE OF  
**SHERIFF-CORONER**

COUNTY OF SAN JOAQUIN

7000 Michael N. Canlis Blvd,  
French Camp, CA 95231-9781

**Patrick Withrow**  
Sheriff-Coroner Public Administrator

**Public Records Request Form**

*This form is not required to submit a request, but helps the Department with tracking and responding.*

**To be Completed by Requestor**

Name of Requestor: \_\_\_\_\_

Agency/Company: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

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

Requested Documents (Please be as specific as possible)

*Please indicate how you would like the Department to respond to your request:*

- Walk in / Personal Pick-up
- Fax
- Computers/Email
- Mail
- Other \_\_\_\_\_

*For internal use only.*

Request Received	Request Completed (Notification Given of Record Availability)	Request Picked-Up/Mailed/Faxed
Date Due: _____ Staff Initials: _____	Date: _____ Staff Initials: _____	Staff Initials: _____
How Request Was Received	Notification	Completion
<input type="checkbox"/> Walk-in <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other	Assigned to: _____ 1st Response: _____ 2nd Response: _____	<input type="checkbox"/> Pick-Up <input type="checkbox"/> Faxed <input type="checkbox"/> Mailed <input type="checkbox"/> Other