

CALIFORNIA DEPARTMENT OF TRANSPORTATION – DISTRICT 5

Records Request

Instructions

Please be as specific as possible with regard to your document request. Research time can be minimized if a location map accompanies the request. If your request involves bridge/structure data, be sure to indicate the bridge number and/or name. In addition, since 9/11 certain bridges/structures have been deemed *sensitive* and the completion of additional forms is required.

Upon completion of the Request Form, sign and return by fax, email, or U.S. mail to:

Department of Transportation
District 5
Attention: Autumn Woolworth
50 Higuera Street
San Luis Obispo, CA 93401

autumn.woolworth@dot.ca.gov

FAX (805) 549-3326

PHONE (805) 549-3461

DEPARTMENT OF TRANSPORTATION FEE SCHEDULE FOR PUBLIC RECORDS

DESCRIPTION	COST PER UNIT
Standard Records (any size)	\$0.25/page
Public Records (8.5"x11" or 11"x17")	\$0.25/page
Color copies (8.5"x 11" or 11"x17")	\$0.59/page
Computer Diskette	\$1.00/disk
Audio/Videos/Photos	Vendor Cost, plus \$7.00 shipping

***Please note: If records are available electronically, they will be provided in electronic format at no charge.**

PAYMENT MUST BE RECEIVED PRIOR TO THE RELEASE OF MATERIALS

If paying by credit card, the accepted cards are VISA/MASTER CARD, DISCOVER, and AMERICAN EXPRESS. Contact the Caltrans District 5 Cashier's Office at (805) 549-3277 after receiving the invoice.

If paying by check, make check payable to the State of California Department of Transportation.

If paying by cash, cash payments may only be made in person at the Cashier's Office at the address above.

If you have any questions regarding your invoice, please call the Records Resource Center Staff at the numbers provided above.

Thank you.

DEPARTMENT OF TRANSPORTATION

50 HIGUERA STREET
SAN LUIS OBISPO, CA 93401-5415
TELEPHONE (805) 549-3318
TTY (805) 549-3259
http://www.dot.ca.gov/dist05



Flex your power!
Be energy efficient!

CALIFORNIA PUBLIC RECORDS ACT
DEPARTMENT OF TRANSPORTATION REQUEST FORM
(As provided in Section 6253a)

REQUESTED BY: Date:
Your Name: Phone No.: ()
Email:
Your Client: Fax No.: ()
Defendant Plaintiff

Your Occupation:
Your Address:

MATERIAL REQUESTED: Aerial Photos As-Built Plans Reports* Topo Maps R/W Maps
*Specify type of report.
LOCATION: County Route Postmile

DESCRIPTION OF MATERIAL:

Asc No: Sheet(s) and/or Exposure No.(s):

MATERIAL TO BE USED FOR:

For informational purposes only, please indicate below whether or not material requested is to be used for, or in contemplation of, claim or litigation proceedings involving the State of California. (Receipt of the requested material is not contingent upon your response to this inquiry.)

- Material WILL NOT be used for a claim or litigation involving the State of California.
Material MAY/WILL be used for a claim or litigation involving the State of California as described below.

Date of Incident: Type of Incident:

Legal Case:

Legal Case Number: County where case was filed:

Signature

Date

Do Not Write Below This Line

Request handled by: Department Phone

LEGAL OFFICE APPROVAL REQUIRED FOR RELEASE OF MATERIAL

Approved by Legal/Claims Office Date Signature