STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

REQUEST FOR PHOTOGRAPHS, MAPS, AS-BUILT PLANS, OR OTHER MATERIAL

DPD-3002 (REV 4/2002)

PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Officer.

REQUESTED BY

NAME	BUSINESS PHONE	HOME PHONE
YOUR CLIENT'S NAME	EMAIL ADDRESS	☐ PLAINTIFF ☐ DEFENDANT
YOUR OCCUPATION		
YOUR ADDRESS ☐ BUSINESS ☐ HOME *(Indicate one)*		DATE
CITY	STATE	ZIP CODE

MATERIAL REQUESTED

☐ MAPS ☐ PHOTOGRAPHS ☐ AS-BUILT PLANS ☐ OTHER

MATERIAL REQUESTED

AERIAL SURVEY CONTRACT NUMBER	CAN NUMBER	ROLL/EXPOSURE NO. (S)

MATERIAL TO BE USED FOR

INCIDENT DESCRIPTION

CASE TITLE		DATE
TYPE INCIDENT	SUPERIOR COURT NUMBERS	COUNTY WHERE FILED

☐ *In consideration for the State of California making available to the above described material, the undersigned, on behalf of himself and his client or clients, hereby covenants that the material obtained* ***will not be used*** *in any manner in any claim or litigation involving the State of California.*

☐ *Material* ***will be used*** *in claim or litigation proceedings involving the State of California.*
*** Signature.Approval needed from HEADQUARTERS Legal Office.*

SIGNATURE OF REQUESTER	DATE

REQUEST HANDLED BY

HEADQUARTERS - LEGAL OFFICE APPROVAL REQUIRED FOR RELEASE OF MATERIAL

☐ APPROVED BY LEGAL	PRINT NAME	SIGNATURE	DATE

FM 92 1543 M

ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.