

**County of Santa Clara**

**Public Records Request Form**

**Please Print Legibly**

Name of Requestor:	
Agency/Company: (if applicable)	
Address:	
Phone:	
Fax:	
Email:	
Indicate the Best Way to Reach You:	

**Requested Documents (Please be specific )**

**Please send your request to David Howard, Acting Administrative Assistant, at  
David.Howard@faf.sccgov.org. Thank you.**

<b>FOR COUNTY USE ONLY:</b>	
Date Received:	Initials:
Department Received:	
Date Submitted to Counsel:	