

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 Marisol Martinez, Executive Assistant II, at marisol.martinez@faf.sccgov.org. Thank you.

FOR COUNTY USE ONLY:	
Date Received:	Initials:
Department Received:	
Date Submitted to Counsel:	