



JOHN SNYDER
Agricultural Commissioner
Sealer of Weights & Measures

OFFICE OF THE
AGRICULTURAL COMMISSIONER

P.O. BOX 1089
RIVERSIDE CA 92502-1089
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FAX (951) 955-3012

WEIGHTS & MEASURES OFFICE
P.O. BOX 1480
RIVERSIDE, CA 92502-1480
PHONE (951) 955-3030
FAX (951) 276-4728

**STATEMENT OF PERSON REQUESTING PERMISSION
TO REVIEW FILES OR RECORDS OF**

THE RIVERSIDE COUNTY DEPARTMENT OF AGRICULTURE / WEIGHTS & MEASURES
(Please Type or Print)

Date of Request : _____

Name: _____
Last First Middle

I work/reside at the following address:

[Street Address] E-MAIL:
Phone: () -
Fax: () -

[City, State, and Zip]

and do hereby request permission to review the following data, files and/or records and obtain copies, if necessary, that are maintained at the Riverside County Division of Weights and Measures Office located at 2950 Washington Street, P.O. Box 1089, Riverside, CA 92502-1089. Please describe request:

1. _____
2. _____
3. _____

[Attach additional sheet if required]

Please be advised that my request for the review of the above identified data, files and/or records is not in any way connected with nor pertaining to (1) any pending matters of litigation to which the County is a party to, or (2) to claims made pursuant to Division 3.6 (commencing with Section 810) of Title I of the Government Code.

I understand that certain records are specifically exempted (under Section 6254 and 6254.7(d) and (e) and 6255 of the Government Code and within Section 1040 of the Evidence Code) from the general rule of accessibility and that it is the policy of the Department of Agriculture/Weights & Measures that data, files and/or records falling in this category will not be released for my review until specific approval is granted by the Agricultural Commissioner/Sealer. On this basis, I do hereby specifically request the Agricultural Commissioner/Sealer's immediate review of this request insofar as it is related to those items that the Department of Agriculture/Weights & Measures feels are classified as exempted materials.

Signed by: _____

Received by: _____

Date: _____ Time: _____