

DEPARTMENT OF TRANSPORTATION

P.O.B. 911, Surveys
Marysville, CA 95901-5566
TELEPHONE: (530) 741-4102
FAX: (530) 741-7820

**California Department of Transportation
PUBLIC RECORDS INFORMATION
SURVEY DATA REQUEST FORM**

REQUESTED BY: _____ Date: _____
Name: _____ Phone No.: _____
Firm: _____ Fax No. _____
Address _____ City: _____
Email Address: _____ Zip: _____

SURVEY INFORMATION REQUESTED

Horizontal Control _____ Vertical Control _____
Comments _____

LOCATION County _____ Route _____ Postmile _____ / _____ and/or
Nearest Street/Road _____

DESCRIPTION OF MATERIAL: _____

INFORMATION TO BE USED ON A PROJECT INVOLVING CALTRANS . Yes No

PROJECT WITHIN and/or ADJOINING CALTRANS RIGHT OF WAY Yes No

DESCRIPTION OF PROJECT: _____

Please indicate below whether or not material requested is to be used for, or in contemplation of a 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 of litigation involving the State of California.

Material **MAY/WILL** be used for a claim of litigation involving the State of California.

Disclaimer:
This information is provided by Caltrans without Warranty, expressed or implied, concerning the accuracy, completeness, or reliability of this material. Caltrans nor its contributors shall be held liable for the improper or incorrect use of the information requested herein.

Signature _____ Date _____
Do Not Write Below This Line

Request Received by: _____ Department _____ Date: _____
Researched by _____ Telephone: _____ Date: _____

Please fax, email or mail the full information to the address above, and include attn: Survey Data Center