BUTTE COUNTY DEPARTMENT OF AGRICULTURE REQUEST TO REVIEW AND/OR COPY PUBLIC INFORMATION

By law, this department has ten (10) days to evaluate your request once on file with the Oroville office of the Butte County Agriculture Department: 316 Nelson Avenue, Oroville CA 95965-3318. Phone 530-538-7381: FAX 530-538-7594

Date of Request:	Lequest: Date Rec. (Office Use Only): Laking Request: Business Name:				
Person Making Request:					
Address:	City	:	State:	Zip:	
Phone #:	FAX #:	Other	·#:		
Email Address:					
may not be released for my review	records, data, and files, are specifical w; I do hereby request permission to artment of Agriculture, located at 316	review and/or copy the fo	ollowing informa	ation which is in the	
1					
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	(Attach additional shee	et if required)			
Signed By:		Date:			
	FOR OFFICE US				
THIS PORTION T	TO BE COMPLETED BY DEPART	TMENT OF AGRICUL	TURE PERSO	NNEL	
This request is \Box is not \Box s	subject to the California Publ	ic Records Act.			
Permission is hereby granted for		to review a	nd/or copy the f	ollowing data, files	
and records, which are in the cust	tody of the Butte County Department	of Agriculture: As sta	ated above: 🗌 `	Yes No	
However, the following data, file be made available:	es, and records requested for review a	re considered to fall with	in the exempt ca	ntegory and will not	
Disclosure of the above requested	d information is prohibited by law and	d is specifically exempt f	rom the general	rule of accessibility	
	of the Government Code and Section				
Louie B. Mendoza Jr.–	Butte County Agricultural Comm	issioner			
Signed & Approved By:		DAT	E:		
Name:		Title:			

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Revised: 10/19/2016