

# AGENCY INFORMATION REQUEST FORM



**INSTRUCTIONS:** After you have completed this online form, click on the "SUBMIT" button to send the document from your e-mail. Please enter your agency's ORI number in the subject line of the e-mail.

FULL AGENCY NAME: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

AGENCY ORI(s): \_\_\_\_\_

APPLICANT TYPES \_\_\_\_\_

HEAD OF AGENCY: \_\_\_\_\_  
*NAME TITLE*

CONTACT INFORMATION: \_\_\_\_\_  
*PHONE E-MAIL ADDRESS*

AGENCY CUSTODIAN OF RECORDS (COR)

Name	E-mail	Phone #	Mail Code(s)

If you need to add more CORs, please send multiple copies of this completed form.

OPTIONAL: Please provide the details for a delegated administrator if different from Head of Agency.

Name	E-mail	Phone #

FOR QUESTIONS, PLEASE CONTACT DOJ AT [ELECTRONICRESPONSEMI@DOJ.CA.GOV](mailto:ELECTRONICRESPONSEMI@DOJ.CA.GOV).