

Appendix C

Manual Request Form

Date	
Name	
Organization	
Address	
City, State, Zip	
Phone Number	
Fax Number	

Number of
copies requested*

*content only
(binder not included)

This form may be submitted by:

Fax: (916) 327-3162

Email: LocalGovPolicy@sco.ca.gov

Mail: State Controller's Office
Division of Accounting and Reporting
Local Government Policy Section
Attn: TRIAL COURTS
Post Office Box 942850
Sacramento, California 94250-5875

