ED KING
Agricultural Commissioner
Sealer of Weights and Measures

PRISCILLA YEANEY
Assistant Agricultural Commissioner
Sealer of Weights and Measures

**AGRICULTURAL COMMISSIONER
SEALER OF WEIGHTS AND MEASURES**

SOLANO COUNTY

OFFICE LOCATION:
2543 Cordelia Road
Fairfield, CA 94534

MAILING ADDRESS:
675 Texas Street
Fairfield, CA 94533

Phone (707) 784-1310
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Public Records Request for Solano County's Agriculture / Weights and Measures Department

FAX TO: (707) 784-1312 or EMAIL TO: PUE@SolanoCounty.com

CONTACT INFORMATION			
NAME		**DATE**	
ADDRESS			
PHONE		**EMAIL**	

While I understand that certain records, data, and files are specifically exempt by law from the general rule of accessibility and may not be released for my review, I do hereby request permission to review and/or copy the following information which is in the custody of the **SOLANO COUNTY DEPARTMENT OF AGRICULTURE/WEIGHTS & MEASURES**

INFORMATION REQUESTED   (Use additional sheets if required)

My request for the review and/or copy of the above identified data, file and records is not in any way connected with nor does it pertain to: 1) any pending matters of litigation to which the County is a party, or; 2) to claims made pursuant to Division 3.6 (commencing with Section 810), Title 1 of the Government Code. I understand there may be a fee charged to comply with this request.

SIGNATURE:_____

(THIS PORTION TO BE COMPLETED BY SOLANO COUNTY DEPARTMENT OF AGRICULTURE/WEIGHTS & MEASURES)

Permission is hereby granted for _____ to review and/or copy the
(Name of Applicant)
data, files, and records listed above which are in custody of **SOLANO COUNTY DEPARTMENT OF AGRICULTURE/WEIGHTS & MEASURES.**

_____   _____
(Name and Title)   **(Date)**

Permission is hereby denied for the information listed above, as they fall within the exempt category and will not be made available. Disclosure of the above requested information is prohibited by law and is specifically exempt from the general rule of accessibility (Section 6254, 6254(e), and 6255 of the Government Code and Section 1040 of the Evidence Code).

_____   _____
(Name and Title)   **(Date)**

Form PRR – 01, Revised 02/2024