

Applicant Agency Justice Connection (AAJC) Information Request Form

Orig, 08/2018



Applicant Agency Information Request

Please have the Custodian of Record completely fill in the form with the agency's most current information

Agency Information

Agency Name: _____

Agency Mailing Address: _____

Agency Physical Address: _____
(if different from mailing)

Agency ORI Number: _____

Mail Code: _____

Billing Number: _____

Fax Number: _____

Agency Head Information (Fill only if different from COR)

Agency Head Name: _____

Phone Number: _____

Email Address: _____

Date: _____

Signature: _____

Custodian of Records (COR) Information (Required)

COR Name: _____

Phone Number: _____

Email Address: _____

Date: _____

Signature: _____

(Required)

Portal access for agency head? Yes No

FOR DOJ USE ONLY

No Modification

Modification

Please email completed form to
AAJCSupport@doj.ca.gov