



**County of San Diego
Department of Animal Services
Request for Copy of Records**



PERSON REQUESTING RECORDS

Last Name: _____ First Name: _____ MI: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Work: _____ Home: _____ Cell: _____ Email: _____

IDENTIFY RECORD REQUESTED (Indicate date, if known)

A determination whether the record requested is subject to disclosure is normally made within ten (10) days after receipt of the request. Records subject to disclosure will be forwarded to the requesting party upon payment of fees for duplication.

Signature of Requesting Party: _____ Date: _____

Return completed form to: County of San Diego
 Department of Animal Services
 5480 Gaines St.
 San Diego, CA 92110
 Attention: Records

Fax: 619-767-2706
Email: dasinfo@sdcounty.ca.gov

▼ **OFFICE USE ONLY** ▼

Date received: _____ I.D.#: _____ Record not located (Date): _____ I.D.#: _____

Record exempt from disclosure: Yes No Name: _____

Position/Title: _____ Date: _____

Reason for exemption:

Notification of Request Status: Phone Mail In Person Date: _____ I.D.#: _____

Number of Copies: _____ Fee Amount Received: _____ Date: _____ I.D.#: _____

Record Released: Date: _____ I.D.#: _____