



**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  
 5821 Sweetwater RD.  
 Bonita, CA 91902  
 Attention: Records

**Fax:** 619-767-2706  
**Email:** [dasinfo@sdcounty.ca.gov](mailto: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.#: \_\_\_\_\_