



# Public Record Request Form

## REQUESTOR INFORMATION

*Please print legibly or type:*

|                 |  |
|-----------------|--|
| DATE OF REQUEST |  |
| NAME            |  |
| ADDRESS         |  |
| PHONE #         |  |
| FAX #           |  |
| EMAIL           |  |

## REQUESTED DOCUMENTS

*Please be as specific as possible & be sure to include any supporting information for what you are requesting.*

**Once the form is completed, you can either:**

**Email – [soverbay@smcgov.org](mailto:soverbay@smcgov.org) or**

**Fax - (650) 573-2919 Attn: Animal Control & Licensing**

|                             |
|-----------------------------|
| <b>FOR COUNTY USE ONLY:</b> |
| <i>Date Received:</i>       |
| <i>Initials:</i>            |

