



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 or

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

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

