

Animal Control & Licensing MAILING ADDRESS PO Box 5127 Redwood City, CA 94063-3108 LOCATION ADDRESS 1600 W. Hillsdale Blvd. Suite 203 San Mateo, CA 94402 smchealth.org

Public Record Request Form

REQUESTOR INFORMATION

Please print legibly or type:

| 1 3 | , ,, |
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| DATE OF | |
| REQUEST | |
| NAME | |
| ADDRESS | |
| PHONE # | |
| FAX # | |
| EMAIL | |
| REQUESTED | DOCUMENTS |
| Please be as spe | cific as possible & be sure to include any supporting information for what you are |
| requesting. | |
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| Once the form is | s completed, you can either: |

Email: soverbay@smcgov.org or Fax: 650-573-2576

FOR COUNTY USE ONLY: Date Received: Initials:

