

**STOCKTON ANIMAL SHELTER
OFFICIAL REQUEST FOR RECORDS**

Today's Date _____ Date of Incident _____

Report or Activity Number _____

Location or address of incident _____

Incident Type: bite attack barking loose dog

Other _____

Reporting Party

Phone Number _____

Name _____ Address _____

(citizen who called Animal Services)

Animal Owner

Phone Number _____

Name _____ Address _____

Victim

Phone Number _____

Name _____ Address _____

Requestor

I, the undersigned, declare under penalty of perjury that
I have a legal interest in the report.

(Signature) (Print Name)

Address _____

Day Phone _____ Email _____

FOR OFFICE USE ONLY

EMAIL FAXED MAILED COUNTER

Date Issued _____ Employee _____ Supervisor _____