



CITY OF PALO ALTO POLICE DEPARTMENT
 ANIMAL CONTROL DIVISION
 3281 EAST BAYSHORE RD, PALO ALTO, CA 94303
 ANIMALCONTROL@CITYOFPALOALTO.ORG
 PHONE 650.496.5955 FAX 650.856.8591

APPLICATION FOR RELEASE OF INFORMATION

Date requested: _____

Report/Incident Number: _____

Date/time of Incident: _____

Location of Incident _____

APPLICANT:

REQUESTED FOR: (person you represent)

Name: _____

Name: _____

Street Address: _____

Street Address: _____

City/Zip Code: _____

City/Zip Code: _____

Phone Number: _____

Phone Number: _____

PARTY OF INTEREST: (check one)

Person involved (victim/animal owner)

Representative of Company/Insurance Agency

Property Owner

Parent/Guardian of involved party

Attorney

Other _____

The fee for this report is \$13. Please submit this form with a cash, credit card number, or check made out to The City of Palo Alto.

I declare under penalty of perjury that I am the party of interest:

SIGNATURE OF APPLICANT: _____

Below Line Office Use ONLY

Request made: In Person US Mail Fax Email

Date Received by Animal Services: _____ Date Released: _____

No record of report Case currently under investigation and can not be released Denied

Record Release Prohibited (GC 6254(f)) Approved (complete copy) Approved (redacted copy)

Signature of person releasing report: _____ Date: _____

Record Disseminated: In person Fax US Mail Email