



## COUNTY OF RIVERSIDE

### DEPARTMENT OF ANIMAL SERVICES REQUEST FOR RECORDS <http://www.rcdas.org> [rabiescontrol@rivco.org](mailto:rabiescontrol@rivco.org)

MAILING ADDRESS:  
6851 VAN BUREN BLVD  
JURUPA VALLEY CA 92509  
TELEPHONE: (951) 358-7387  
FAX: (951) 358-7300

### INSTRUCTION SHEET REQUEST FOR ANIMAL SERVICES RECORDS

**The Department will respond to your Request within 10 days, copies of records will be provided within a reasonable time thereafter, upon payment.**

**The Department of Animal Services charges \$0.10 per each page copied or printed.**

The following information is designed to assist the public in the access of records of the Department of Animal Services. The Department encourages use of the attached request form to clarify which records are sought and to prevent untimely delays. Read this instruction sheet in its entirety prior to completing the attached request form.

**TYPE OF INCIDENT:** Under this section, state the type of record you are requesting, indicating the information available to you as outlined below. (Note: Activity Report numbers are NOT required, but should be included, if available.)

**Bite Reports:** Name of victim, date of incident, address of occurrence, persons involved, dog description, owner's name if known, the activity number, any additional pertinent information.

**Impound Reports:** Impound number, animal description, date of impound, owner information, the activity number, any additional pertinent information.

**Dog vs. Dog, Dog vs. Cat, Dog vs. Car, etc.:** Type of incident, date of incident, persons involved, animal description, owner's information, the activity number, any additional pertinent information.

**Other Requests:** Name of report you are requesting, if known, all parties involved, date of occurrence, addresses of occurrence, the activity number, any additional pertinent information.

**UPON COMPLETION OF THE SEARCH FOR RECORDS,  
AN INVOICE WILL BE MAILED TO YOU.**

**THE RECORDS WILL BE FORWARDED TO YOU UPON RECEIPT OF PAYMENT.**



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**REQUEST FOR ANIMAL SERVICES RECORDS      Date of request: \_\_\_\_\_**

The undersigned hereby requests a copy of the records prepared and maintained in the ordinary course of business concerned at or near the time of the act, condition, or event, described below, by the County of Riverside Department of Animal Services.

The records requested are public documents and are maintained under the Public Records Act, California Government Code §§ 6250 *et seq.* Some of the information held in the documents may be exempt from release pursuant to the Public Records Act.

**PRINT** all information. **PRINT** and sign your name. **PRINT** your complete mailing address, including ZIP CODE, and your day-time phone number.

TYPE OF INCIDENT (ACTIVITY NUMBER): \_\_\_\_\_  
(DOG BITE, IMPOUND OF ANIMAL, DOG VS DOG, DOG VS CAT, DOG VS CAR, BARKING DOG, ETC)

DATE OF INCIDENT: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

PARTIES INVOLVED: \_\_\_\_\_

ANIMAL DESCRIPTION: \_\_\_\_\_  
(TYPE OF ANIMAL, BREED, COLOR, SEX, AGE, NAME, ETC)

REPORT(S) BEING REQUESTED: \_\_\_\_\_

(EX: DOG BITE ON ABOVE INCIDENT ONLY, ALL PRIOR COMPLAINTS FOR LAST 3 YEARS, ETC)

**REQUESTOR WOULD LIKE TO:**

- \_\_\_ INSPECT RESPONSIVE RECORDS
- \_\_\_ HAVE RESPONSIVE RECORDS COPIED AND AVAILABLE FOR PICKUP
- \_\_\_ HAVE RESPONSIVE RECORDS PROVIDED IN AN ELECTRONIC FORMAT, IF AVAILABLE
- \_\_\_ HAVE RESPONSIVE RECORDS COPIED AND MAILED AFTER PAYMENT IS RECEIVED

The undersigned understands that the County will charge \$0.10 per page copied. If the request is to be cancelled, this office must be notified at the above number **within ten (10) days of receipt of request**, otherwise cost incurred will be charged to the undersigned. The cost of providing copies of records in an electronic format, when requested and available, will be communicated to the undersigned prior to providing same. The cost will not exceed the direct cost of producing the copy in an electronic format.

\_\_\_\_\_  
**SIGNATURE** of Requestor

\_\_\_\_\_  
**OFFICIAL GOVERNMENT IDENTIFICATION**

\_\_\_\_\_  
**PRINT** Name of Requestor (and Company Name – if applicable)

\_\_\_\_\_  
Area Code and Telephone Number

\_\_\_\_\_  
**PRINT** Street Address

\_\_\_\_\_  
**PRINT** City, State & Zip Code

Office Use Only:  
**Reviewed by/Title:** \_\_\_\_\_ **Date Received by Custodian:** \_\_\_\_\_

Approved     Denied    Reason: \_\_\_\_\_