



COUNTY OF RIVERSIDE

DEPARTMENT OF ANIMAL SERVICES REQUEST FOR RECORDS

<https://www.rcdas.org/>
<https://riversidecountyca.nextrequest.com/>

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 \$1.00 for the first page and \$0.10 per each consecutive 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 \$1.00 for the first page and \$0.10 for each consecutive 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

EMAIL ADDRESS (required for electronic response)

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: _____