



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 \$15. 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