

FOR OFFICE USE ONLY Received by _____ date _____ Customer Contacted by _____ date _____ Comments: _____ _____

STANISLAUS ANIMAL SERVICES AGENCY REPORT REQUEST

Date of Event ___/___/____ Time of Event _____
 Location of Event _____
 Report # _____ Animal ID # _____
 Type of Report (please check one)
 Animal Bite Incident Report Impound Report Barking Dog
 Stray Report Other. Please enter details below.

Your Name _____
 Address _____
 City _____ Zip Code _____
 Home Phone _____ Day Phone _____
 Cell Phone _____ E-Mail _____

Other Involved Party (if known)
 Name _____
 Address _____
 City _____ Zip Code _____ Phone _____

Type of Animal(s): Dog(s) _____ Cat(s) _____ Other(s) _____

Please describe the records or reports you desire:

There is a fee of \$1.00, plus \$.25 per page, for a copy of any report.

Signature _____ Date ___/___/____
 Please feel free to call us at (209) 558-7387 (Mon – Fri 9 am – 5 pm),
 visit our website at www.stancounty.com/animalservices, or visit us at
 3647 Cornucopia Way, Modesto CA, Mon - Fri 9 am – 5pm, Sat 8 am – 5 pm.
 FAX (209) 558-2138.

