Merced County Animal Control

2150 Shuttle Drive, Atwater, CA 95301

PROCEDURE FOR REQUESTING ANIMAL CONTROL REPORT

Use this form to request all types of animal control reports. Blank Copies of this form are available at our business office or on the Animal Control Website at www.co.merced.ca.us. You may also request to have an application mailed to you by calling (209) 385-7436.

This form must be filled out completely and signed. If you are authorized by law to receive a copy of a report from animal control your request will be accepted and processed. Turnaround time for routine report requests is approximately 10 business days. The actual time may vary based on report availability. Completed applications may be submitted in person or mailed to:

Merced County Animal Control
2150 Shuttle Drive
Atwater, CA 95301

Merced County Animal Control **will not** provide a copy of a report directly to any person who may be a defendant in a criminal action (Penal Code § 841.5). Requests for a report or other information shall be made through the discovery process or by the attorney representing the individual.

The investigating officer and or animal control management must approve any release of documents, reports or information to the public. Sensitive information of a confidential or personal nature shall be omitted in order to protect the privacy of the individuals named in the report in compliance with applicable Federal and State Laws.

Individuals requesting a copy of a report are required to provide picture identification. If the request is made by mail a copy of the identification must be included with the request. Attorney requests for reports may be submitted on their business letterhead accompanied by a signed client release form.

APPLICATION FOR RELEASE OF REPORT

Request Date:	***Activity #:***
Type of Incident/Report:	
Location of Incident:	
Name of Person Involved/ Business involved:	
Name of Person requesting Report: (Last, First, MI)	
Identification#:	***Date of Birth:***
Name of Business Requesting Report:	
Address (Number, Street, Apt#, City, ST, Zip)	
Phone#:	***Fax#:***

INVOLVEMENT (Check One)

☐ Victim ☐ Property Owner ☐ Witness

☐ Parent of Victim under 18 years of age

☐ Attorney (requires signed authorization of individual represented)

☐ Representative of Insurance Company – Policy/Claim#: _____

Certification

I declare under penalty of perjury, that the information above is true and correct

SIGNATURE: _____

Department Use Only

Received	***Release***	***Processed***	
By::	BY:	By:	Date:
Date:	***Release?*** ☐ Yes ☐ No ***Memo#:***	☐ ***Mailed*** ☐ ***In Person*** ☐ ***Fax***	