



**March 1, 2008**

Mr. Ross Pool, Custodian of Records  
Department of Animal Services  
221 N. Figueroa Street, 5<sup>th</sup> Floor  
Los Angeles, CA 90012

**Public Records Act Request: PR041**

Dear Mr. Pool,

This request is being made subject to the California Public Records Act: Government Code §6250-6268. Under this statute you have 10 calendar days from the date of receipt of this request to respond as to whether you will release the records requested as detailed below. It is preferred your response be made in writing to either the street address or the email address above.

**Information Requested**

Any and all records and information on animals with the impound number **A925098** including but not limited to the following information:

1. Chameleon records of each animal listed above which were impounded by Los Angeles Animal Care and Control Animal Control. Each animal record should contain the following information: SHELTER\_NAME, ANIMAL\_ID, SPECIES, BREED, SEX, AGE, IN\_DATE, INTAKE\_TYPE, IN\_CONDITION, OUT\_DATE, OUTCOME\_TYPE, OUTCOME\_SUBTYPE and be provided in a readable format.
2. Copies of any call log, dispatch log and ACO notes related to the animal(s) listed above.
3. Copies of any photographs and/or digital images of the animal(s) listed above.
4. Copies of veterinary notes and records for each animal listed above.
5. Copies of kennel notes, treatment cards and records for each animal listed above.
6. Date and time of euthanasia for each animal listed above.
7. Copy of any euthanasia requests for each animal listed above.
8. Copy of bite report and any related correspondence for each animal listed above.
9. Copies of any and all necropsy reports for each animal listed above.
10. Copies of any and all Improper Euthanasia Reports (Form DACC IE001) related to each animal listed above.

**Form of Information Requested**

The information requested may be electronically imaged and transferred to the email address below or copied to plain white 8.5" x 11" paper and mailed to the street address below.



ShelterTRAK.com

**ShelterTrak.com**  
Tracking the progress of our Animal Shelters

Bradley J. Jensen  
Cypress, CA 90630

**Fees**

I am willing to pay reasonable copying fees, as defined under law, not to exceed \$25.00. Should fees run higher, please contact me.

Should you have any questions regarding this request, please contact me immediately.

Sincerely,

Bradley J. Jensen

Email: sheltertrak@gmail.com

Phone: (714)

Fax: (714) 236-0476

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.  
LOS ANGELES CA 90012

**OFFICIAL USE**

Postage	\$ 0.41	0131
Certified Fee	\$2.65	05
Return Receipt Fee (Endorsement Required)	\$2.65	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$5.71	

Postmark Here  
MAR 5 2008  
LOS ANGELES, CA

Sent To  
**MR. ROSS POOL**  
Street, Apt. No.,  
or PO Box No. **221 N. FIGUEROA ST., 5TH FLOOR**  
City, State, ZIP+4  
**LOS ANGELES, CA 90012**

PS Form 3800, June 2002 See Reverse for Instructions

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p><b>MR. ROSS POOL</b> <b>CUSTODIAN OF RECORDS</b> <b>DEPT. OF ANIMAL SERVICES</b> <b>221 N. FIGUEROA STREET 5TH FLOOR</b> <b>LOS ANGELES, CA 90012</b></p> <p>2. Article Number (Transfer from service <u>7006 0100 0001 5329 4280</u>)</p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature <b>X</b> </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <b>Puga</b></p> <p>C. Date of Delivery <b>MAR 5 2008</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
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