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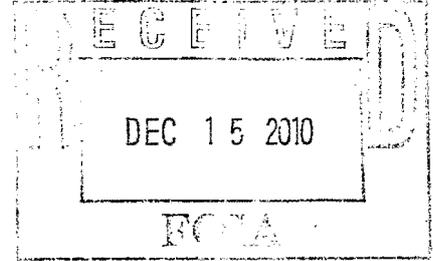
AC
Tamarie

FOIA Request Order Form

Date: 12/15/2010
First Name:* Dr. Cheryl
Last Name:* Adams
Organization: Bay Road Animal Hospital
Address:* 1712 Bay Rd

City:* Sarasota
State:* FL Zip:* 34239
Phone*: 941-366-2275 (Enter as 123-123-1234)
E-Mail: info@bayroadanimalhospital.com

- Category:*
- Animal Health
 - Animal Welfare
 - Financial
 - Import/Exports
 - Personnel
 - Plant Protection and Quarantine
 - Veterinary Services
 - Wildlife Management
 - Miscellaneous



JAN 14 2011

Time Period (for requested records)
01/01/2009 12/01/2010

Description of Information you are Requesting:

Inspection reports for dog breeder Raelyn Wheatons, Lynn Cone 1094
Burdette Rd. Gray Court, SC 29645. phone number 864-409-3296. Thank
You.

You MUST agree to pay applicable fees in order to process your FOIA request.
Fees are charged in the amount of \$25.00 or more. A letter will be sent to you
stating the exact amount of your fee.

Yes I agree to pay all applicable fees for this request.

* Mandatory Field

Submit Request