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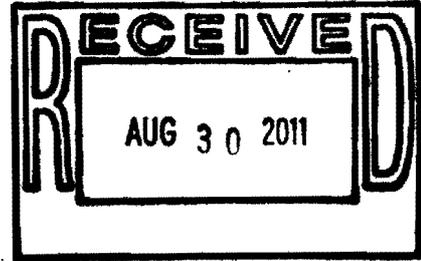
Alley
AC/IES
Individual

FOIA Request Order Form

Date: 08/30/2011
First Name:* Carol
Last Name:* Urban
Organization: Concerned Citizen
Address:*

City:*
State:*
Phone*: (Enter as 123-123-1234)
E-Mail:

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



SEP 28 2011

Time Period (for requested records)

Description of Information you are Requesting:

I am requesting the AWA Section 2.75 (b)(1) records for the last 5 years (2007 to Present) for Claws N Paws in the Pocono Mountains of Pennsylvania.

Per AWA Section 2.126 APHIS officials can examine an exhibitor's records and make copies. I am requesting that during your inspection of the facility, the AWA Section 2.75 (b)(1) records for the last 5 years be reviewed, copied and made public.

Claws N Paws information is:

Claws N Paws
1475 Ledgesdale Rd.
Lake Ariel, PA 18436
TELEPHONE: (570) 698-6154
Certificate: 23-C-0013

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