



Send completed form via email to [recordsaccess@health.nyc.gov](mailto:recordsaccess@health.nyc.gov)

For office use only

Or form can be mailed to:

Or form can be faxed to:

CONTROL NUMBER:

Records Access Officer

347-396-6087

NYC DOHMH

42-09 28<sup>th</sup> Street, CN-31

Long Island City, NY 11101

**Freedom of Information Law Dog Bite Report Request Form  
Requesting Information for Yourself or Your Child**

Items outlined in *red* are required fields.

**Your Name:**

**Your Address:**

*Street*

*City*

*State*

*ZIP Code*

**Your Email Address:**

**Phone #:**

**Your relationship to incident (check one):**

Person Bitten

Parent/Guardian of Person Bitten (*if child under 18 years old*); Child name:

Dog Owner

Other - *Specify relationship to dog owner or person bitten. (If none given, then only fully redacted documents will be provided)*

**Date of bite incident:**

**Bite Case Number (if known):**

**Address of bite incident:**

*Street*

*City*

*State*

*ZIP Code*

**Dog's Name:**

**Dog License #:**

**Dog Owner's Name (if not you):**

**Dog Owner's Address (if not you):**

*Street*

*City*

*State*

*ZIP Code*

Please note that name and contact information of person bitten will not be released to dog owner without authorization from person bitten or his/her parent.

**Authorization provided?**

Yes

No