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DIRECTOR
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JULIE QUILLMAN
COUNTY LIBRARIAN
OC PUBLIC LIBRARIES

OC Community Resources

Release Authorization Form

Person ID: _____ Animal ID: _____ Date: _____

I _____ Authorize OC Animal Care

Services to release my animal described above to

_____.

I certify that I am the legal owner of the above animal, and understand that the above custodian must provide a valid ID and will be responsible to pay any and all fees due at the time of redemption or sign for any remaining balance on my behalf.

I agree to pay any remaining balance in full. I understand the balance remaining on this account will be sent to the collection division immediately. I understand that failure to pay this debt will result in further collection activity:

Owner's Signature: _____ Date: _____

Time: _____ Booking #: _____ Driver's License: _____

JAIL STAMP



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