DOMESTIC CONTROL SECTION
CAMP LEJEUNE, NORTH CAROLINA
28542
PHONE: 451-2695/5143

REQUEST FOR ANIMAL TRAP

PRIVACY ACT STATEMENT

Information contained on this form is maintained under the Systems of Records Notice NM05580-1 Security Incident System (January 9, 2007, 72 FR 959). **AUTHORITY:** 10 U.S.C. 5013, Secretary of the Navy: 10 U.S.C. 5041, Headquarters, Marine Corps: and E.O. 9397 (SSN). **PRINCIPLE:** Individuals involved in or witnessing or reporting incidents requiring the attention of base, station, or activity security personnel. **PURPOSE:** To track and prosecute offenses, counsel victims, and other administrative actions; to support insurance claims and civil litigation. **ROUTINE USE:** May specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a (b)(3). **DISCLOSURE: MANDATORY**

I _____ Address _____

Home Phone _____ Work Phone _____

Last Four of your Social Security Number _____

Have requested to check out an animal trap. During the period that the trap is being used at my residence, I give the Animal Control Officers my permission to come in my yard at any time for the purpose of retrieving any trapped animal, or removing the animal trap even if I am not home. I take full responsibility for damage(s) or loss of trap(s).

I further understand and agree that I am obligated to check the trap(s) at least once daily for the entire time the trap is in my possession. I agree to return the trap within the specified time (usually within three days) if I picked up the trap from animal control myself. If the trap was delivered to me, I understand it is my responsibility to call the Animal Control Department when and if an animal is captured in a trap, so that any unnecessary suffering by the trapped animal can be avoided.

_____ _____

Requestor's Signature Officer's Signature

_____ _____

Date Checked Out Date Due To Check In

Dog Trap _____ Cat Trap _____

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