

Animal Control & Licensing Program
On behalf of: City of Menlo Park

Animal Control & Licensing
MAILING ADDRESS
PO Box 5127
Redwood City, CA 94063
LOCATION ADDRESS
1600 W. Hillsdale Blvd., Suite 203
San Mateo, CA 94402
smchealth.org

October 21, 2024

Julie Richards & Sanjay Saigal


RE: "Buster"

Dear Julie and Sanjay,

The administrative hearing for the City of Menlo Park that you have requested to determine if your Rhodesian Ridgeback "Buster" is a Dangerous Animal, has been scheduled for Friday, November 8, 2024, at 2:30pm. The hearing will be held via Zoom teleconference and the link will be sent in a follow-up email.

As a representative of the City of Menlo Park, it is the duty of the independent Hearing Officer to determine if your dog should be declared "Dangerous", as defined in the City of Menlo Park Municipal Code Section 9.01. As the petitioner, you have the right to present oral and/or written evidence and be represented by counsel. **All parties should submit all evidence to the Peninsula Humane Society Officer by 11/1/2024 so it can be added to the case file.** The investigative report will be sent out to all parties three days prior to the hearing. If a police report was filed, it will *not* be included in the case file. Any interested party who would like a copy of the police report will have to request it directly from the police department that filed the incident. In addition, you may bring witnesses or other interested parties.

If anyone receiving this letter is in need of a translator, please contact my office immediately.

Individuals copied on this letter are also invited to attend the hearing.

If you have any questions regarding this matter, please feel free to contact me at 650-573-3726.

Sincerely,



Lori Morton-Feazell
Program Manager
Animal Control & Licensing

cc: Caitie Zylstra, Senior Manager of Animal Rescue & Control, Peninsula Humane Society & SPCA
Veselin Stoyanov

CERTIFICATE OF MAILING

I, the undersigned, hereby certify under penalty of perjury, under the laws of the State of California, that on the date below, I deposited in the United States mail at the address shown below, a true copy of this document, in a sealed envelope, with postage prepaid, addressed to the person as shown on this document; that I am over the age of eighteen years, an employee of the County of San Mateo Health System at the business address shown above in the county where the office is located; and that I am not a party to the cause herein mentioned.

SIGNATURE OF AUTHORIZED HEALTH SYSTEM EMPLOYEE: *Tina Cawa*
DATE: 10 | 21 | 2024