

## **Department of Administrative Services Animal Protection Services**

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## REQUEST FOR SUPERVISOR REVIEW COUNTY OF CLARK-STATE OF NEVADA

Date:	
Requestor's Name:	Phone:
Address:(Stre	eet, City, State, Zip Code)
Please provide the following:	
Activity# or Add	ress of Inquiry
Choose one of the following op	tions:
Fax to:	
Email to:	
Mail to:	