

Removal Request

1 Please print legibly

Name: _____

Address: _____

2 Please remove my (check all that apply)

Xqleg" VgzvIUO U

"O qdkgIXqR Number: _____ " " " "

"O qdkgIXqR Number: _____ " " " "

Email Address: _____

Email Address: _____

3 Please sign and date

Signature: _____ Date: _____

4 Mail completed form



County of San Diego
Office of Emergency Services
Attn: AlertSanDiego Removal
5580 Overland Ave, Suite 100
San Diego, CA 92123

Or complete and email this form to AlertSD@sdcounty.ca.gov

Office Use Only

Notes: