

## BARKING DOG COMPLAINT FORM

### COMPLAINANT INFORMATION

COMPLAINANT'S LAST NAME	FIRST NAME	MIDDLE NAME
PHYSICAL ADDRESS	CITY	STATE ZIP CODE
MAILING ADDRESS IF DIFFERENT FROM ABOVE		
TELEPHONE NUMBERS		
HOME ( )	OTHER ( )	

### BARKING DOG INFORMATION

OWNER'S LAST NAME	FIRST NAME	MIDDLE NAME
ADDRESS OF BARKING DOG(S)	CITY	STATE ZIP CODE
TELEPHONE NUMBERS		
HOME ( )	OTHER ( )	
DATE OF VIOLATION: (MM/DD/YY)	BARKING DURATION:	CHECK ONE:
	FROM: (A.M./P.M.) TO: (A..M./P.M.)	INCESSANT <input type="checkbox"/> INTERMITTENT <input type="checkbox"/>
DATE OF VIOLATION: (MM/DD/YY)	BARKING DURATION	CHECK ONE:
	FROM: (A.M./P.M.) TO: (A..M./P.M.)	INCESSANT <input type="checkbox"/> INTERMITTENT <input type="checkbox"/>
DESCRIPTION OF BARKING DOG(S) (IF KNOWN)		
(Breed)	(Color)	(Size) (GENDER) M/F
OTHER RESPONSIBLE PARTY'S NAME(S)		
RESPONSIBLE PARTY'S RELATIONSHIP TO OWNER		

Have you attempted to contact the dog(s) owner or any other Responsible Party?  Yes  No

If yes, name of party contacted and date: \_\_\_\_\_

What happened?: \_\_\_\_\_

DATE	SIGNATURE
	X