



PO Box 447 ~ 8 E. Main Street ~ Fonda NY 12068

Voice (518) 853-4335 ~ FAX (518) 853-4555

ANIMAL COMPLAINT FORM

Upon signing this form I agree that should legal proceedings be required I will APPEAR IN COURT AS A WITNESS TO GIVE EVIDENCE TO THE TRUTH of this complaint. All personal information will remain confidential

Complainant Name: _____

Property Location of
Complaint: _____

Address: _____

Date: _____

Phone #: _____

Nuisance Animal: DOG CAT OTHER

Type of nuisance: Attack Barking/Noise: Required full details, times, dates to be recorded or logged
 Waste removal other

Specific Details of Nuisance:

Date(s) _____

Time(s) _____

Location _____

Supporting evidence: photos written statements of neighbors other

Breed/Color/Sex of Animal _____

Any additional useful information _____

I certify that the information provided on this form is true, that I personally witnessed this alleged violation, and that I may be called to testify about these facts and agree to do so.

signature