Complaint of Barking Dog

Name of person filing complaint: _____

Address: _____

Phone #: _____

Complete as much information as you can.

Dog owner's name: _____

Address: _____

Description of barking dog(s) (breed, color, size, name):

_____

_____

_____

Describe how you know which dog(s) are barking:

_____

_____

_____

Barking is:

____ Constant (all day or almost all day)

____ On and off throughout the day

____ Occasional (not every day)

____ Nighttime

Describe the barking:

_____

_____

_____

Barking dog log:

Date	Time	Duration
1		
2		
3		
4		
5		

Have you ever contacted the dog owner: ____ Yes ____ No

Name of person contacted: _____

When did you contact them (date): _____

What was the result:

_____

_____

_____

Signature of person filing complaint: _____

Dog Control Officer:

315-767-7643