ANIMAL COMPLAINT REPORT

DATE:		TIME:	
Complainant Name:			
Address:			
Phone:	Email:		
Description of complaint:			
Animal:		Location:	
Contact information of owner:	- LEWING CONTRACTOR		
Violation of which ordinance (atta	ch copy of dog ord	nance):	•
RESPONSE:			
DATE:	_	TIME:	
RESPONDED BY:			
By phone	By email	In person	
Response recommendation/Action	i :		
	·		
Referral/Action:			