

ANIMAL COMPLAINT/ORDINANCE VIOLATION

(NOTE: Complete information is required for Response)

SUSPECTED ANIMAL OWNER INFORMATION:

Name: _____ Phone

Number: _____

Address: _____

REPORTING PARTY (COMPLAINANT INFORMATION):

Name: _____ Phone

Number: _____

Address: _____

NATURE OF COMPLAINT OR VIOLATION (Please check one that applies):

Barking/Noisy Animal: Date: _____ Time: _____

Animal At Large: Date: _____ Time: _____

Care & Treatment: Date: _____ Time: _____

Animal Bite to Human: Date: _____ Time: _____

(Requires a Bite Report by AWO)

Other (Not Noted Here) Please Specify:

OCCURANCE INFORMATION

How often does this occur? Daily: _____ Every other day:

_____ Weekly: _____ Monthly: _____

Have you as the Reporting Party spoken to the neighbor/owner? No: ___ Yes: ___ If yes, When? _____

Have you filed any previous complaints? No: ___ Yes: ___ If Yes, When?

STATEMENT INFORMATION (Please provide required information)

DESCRIPTION OF ANIMAL(S): _____

LOCATION OF OCCURRENCE: _____

STATEMENT OF OCCURRENCE: _____

REQUESTED ACTION: (Check one) Warning Ticket _____ Citation _____
(Requires Officer Assistance)

SIGNATURE OF COMPLAINTANT: _____ **DATE** _____

Town of Hermosa



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