# **ANIMAL NUISANCE COMPLAINT FORM**

Check One:

☐ Barking Dog Co		CA COURT						
☐ General Nuisar	Complaint Complain	ant (RE	QUIRED):					
Name		ate	Signatur	e				
Address	Z	ip	Phone					
Email			I					
Additional Complainant (Optional):								
Name	D	ate	Signatu	re				
Address	Z	ip	Phone					
Email	L		l					
	Additional Co	mplaina	ant (Optional	)):				
Name		ate	· · ·	Signature				
Address	Z	ip	Phone					
Email	L							
	Incident Date a	and Time	e (REQUIRE	D):				
Onat am /pm, the nuisance occurred at:  (date) (time)								
Other notes:								
	O	· 1/ - \ /	(DEOLUDED)					
Last Name	Owner of An	1	·	:				
Last Name			First Name					
Address		City		Zip				
	Descript	ion of A	nimal(s):		-			
Breed	Color		Sex	Nam	<u>e</u>			
Office Use Only:				Date Received:				
Date Received:	R	eference	Complaint: C	Complaint #				

## **Instructions for Animal Nuisance Complaint Form**

This is an editable PDF form. You may type directly into the form or print it out and fill it out by hand.

### Complainant(s):

Complainant(s) must fill out the form completely and then print out and sign the form. If there are additional complainants (optional), they may add their contact information also.

#### **Incident Date and Time:**

List a specific date and time that the barking or nuisance occurred. The incident must meet the guidelines set forth in Union County Dog Control Ordinance 2014-03, Section 9 (e), defined as a dog barking, whining or howling repeatedly for 10 minutes or intermittent episodes lasting a minimum of 30 minutes. (The requirements are the same for other non-canine animal noises.)

- If this form is signed by 1 person, it **IS STRONGLY RECOMMENDED** that it be accompanied by audio, videotaped or photographic evidence of the alleged violation.
- •If this form is signed by persons from at least 2 separate households, audio or video evidence is **NOT** required. All signees must witness the nuisance incident described on the form.

### **Owner of Animal**

In order to process a complaint, we must have owner contact information for the animal(s).

## **Description of Animal**

Please be as complete as possible. Attach additional sheets if needed.

## NOTICE TO COMPLAINANT(S):

Complainant(s) listed on this form must be willing to appear at a hearing or this incident could be dismissed.

## Mail or drop off the completed form and any other documentation to:

Union County Animal Control 1109 K Avenue La Grande, OR 97850

Or e-mail to: sheriff@union-county.org