

CITY OF CENTRALIA

BARKING DOG COMPLAINT FORM

COMPLAINANT INFORMATION				
Complainant's Last Name	First Name	Middle Name		
Mailing Address		City	State	Zip
Telephone Numbers	Home ()	Other ()		
BARKING DOG INFORMATION				
Owner's Last Name	First Name	Middle Name		
Address of Barking Dog(s)		City	State	Zip
Telephone Numbers	Home ()	Other ()		
1 st Complaint	Duration/Time: (AM/PM)	Check One: <input type="checkbox"/> Persistent <input type="checkbox"/> Intermittent		
2 nd Complaint	Duration/Time: (AM/PM)	Check One: <input type="checkbox"/> Persistent <input type="checkbox"/> Intermittent		
3 rd Complaint	Duration/Time: (AM/PM)	Check One: <input type="checkbox"/> Persistent <input type="checkbox"/> Intermittent		
Description of Barking Dog(s)				
Have you attempted to contact the dog(s) owner or any other responsible party?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of party contacted and date:				
What happened?				
We, the undersigned, do hereby state that we have been disturbed by a BARKING DOG as stated above. All petition signers must be willing to appear and testify in court if necessary, that they heard the dog bark on the above dates and times at the above stated location.				
Petition Signer Number 1				
Printed Name:		Signature		
Address:		Telephone Number:		
Petition Signer Number 2				
Printed Name:		Signature		
Address:		Telephone Number:		
Petition Signer Number 3				
Printed Name:		Signature		
Address:		Telephone Number:		
The petitioner's may not reside at the same address and must live within the Centralia City limits and live adjacent and/or within 150 feet of the barking dog residence.				