

# CITY OF CENTRALIA

## BARKING DOG COMPLAINT FORM

<b>COMPLAINANT INFORMATION</b>				
Complainant's Last Name		First Name		Middle Name
Mailing Address			City	State Zip
Telephone Numbers	Home ( )		Other ( )	
<b>BARKING DOG INFORMATION</b>				
Owner's Last Name		First Name		Middle Name
Address of Barking Dog(s)			City	State Zip
Telephone Numbers	Home ( )		Other ( )	
1 <sup>st</sup> Complaint		Duration/Time: (AM/PM)		Check One: <input type="checkbox"/> Persistent <input type="checkbox"/> Intermittent
2 <sup>nd</sup> Complaint		Duration/Time: (AM/PM)		Check One: <input type="checkbox"/> Persistent <input type="checkbox"/> Intermittent
3 <sup>rd</sup> 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 <b>BARKING DOG</b> 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.				
<b>Petition Signer Number 1</b>				
Printed Name:		Signature		
Address:		Telephone Number:		
<b>Petition Signer Number 2</b>				
Printed Name:		Signature		
Address:		Telephone Number:		
<b>Petition Signer Number 3</b>				
Printed Name:		Signature		
Address:		Telephone Number:		
<b>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.</b>				