Yamhill County Dog Control 535 NE 5th St. Rm 143, McMinnville, OR 97128 Phone 503-434-7538 / Fax: 503-474-1984

COMPLAINT FORM

DOGS RUNNING AT LARGE Ordinance 692

PUBLIC NUISANCE DOGS Ordinance 692

COMPLAINANT: NAME			
PHONE #	DATE THIS FORM IS FILLED OUT:		
OWNER OR KEEPER OF DOG (
ADDRESS OF WHERE DOG(S) V	VAS AT TIME OF OFFENSE		
ADDRESS:			
NAME OF OWNER OR RENTE	R OF THIS PROPERTY:		
DATE OF OFFENSE:	APPROXAMATE TIME IT OCCURRED: A.M. / P.M.		
WAS THE DOG (s): In your yard	Your neighbors yard Your field/pasture In the roadway		
On a Mutual Right of Way	The neighbors field or pasture On the Dog Owner/Keepers Property		
WAS THE DOG(s): Trespassing	HE DOG? Yes: No: (Pictures are important as proof of the same dog) Running Down The Road Chasing a Car Chasing a Bicycle		
	Cat Chasing a Dog Chasing Livestock Menacing a person Tic Hazard Nipped Someone Bit someone (skin must be broken)		
-	ımped the garbage Damaged Private Property		
IF THIS HAS BEEN AN ON	GOING PROBLEM, PLEASE NAME OTHER DATES AND TIMES YOU CAN " <u>TESTIFY</u> " TO:		
	OVER		

Please fill out both pages of this document in its entirety and to the best of your knowledge. An incomplete form will result in limited action being taken. By completing this document, you are no longer anonymous and if called will need to testify to your statements.

PLEASE DISCRIBE IN DE	CTAIL WHAT HAPPENED:		
On the day	y of	(month)	(year)
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VERBAL WARNING ONL	WRITTEN CITATION W DAMAGES PAID FOR		
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I request that a citation be the validity of this complaithis form.	served in this matter. I am prepared to int, and understand the consequences of	testify in Court if necessary fa possible false arrest suit ag	I accept full responsibility for ainst me if I knowingly lie or
You must sign and	date this form:		
rad mear area and		COMPLAINANT	