Date & Time Received:

TOWN OF FORESTPORT

10275 State Route 28
Forestport, New York 13338

Dog Complaint Form

PERSON MAKING COMPLAINT:

Date:_____ Time:_____

Form of Complaint: ☐ Phone ☐Letter ☐In Person

Complaintant:_____

Address:_____

Phone:_____

Email:_____

Complaint:I,_____,_____

_____

_____

_____

_____

_____

_____

I certify that the information provided on this form is true and correct to the best of my knowledge.

_____ _____

Signature ***Date***

DESCRIPTION & LOCATION OF NUISANCE

Street Address of Violation:_____

Property Owner (if known):_____

Nature of Violation or Problem (please be as specific as possible; use more sheets if necessary):

☐ Barking Date(s)_____ Time(s)_____ Intermittent? Constant? Duration?_____

☐ **Running Loose Date(s)**_____ **Time(s)**_____**Intermittent? Constant? Duration?**_____
☐ **Other Issue**_____
Dog name if known:_____
Descriptions/markings_____
Any additional details or notes?_____

FOR TOWN OF FORESTPORT USE ONLY:

ACTION BY DOG CONTROL OFFICER

Site Visit Completed_____ at _____ (AM/PM)

List any attempts at site visits here and note date/time:_____

Location of Dog:_____
Dog Licensed? ☐ YES, Tag#_____ ☐ NO
Violation:
_____Local Law#_____
_____NYS Ag & Markets, Article_____
_____Other:_____
Report of Findings:
_____
_____
Recommended Action:
_____
_____
Additional Follow-Up:
_____
_____

_____

Dog Control Officer