



Town Of Paradise Barking Dog Complaint Form

Your Name: _____

Your Address: _____

Your Phone Number: _____

Your Email Address: _____

Your Date of Birth: _____

Address Where Dog Lives: _____

Name of Dog Owner (if known) and name of Dog (if known): _____

How Many Dogs, Breed and Color: _____

Where is Dog (Deck, Porch, Backyard, etc): _____

Most Recent Date and Time of Day: _____

How Long Did the Barking Last: _____

How Often Does this Occur: _____

General Comments or other Helpful Information:

I have written this statement to be true and correct under penalty of perjury. I am willing to appear in court if necessary.

Signature

Date

Please return this form along with the Barking Dog Log Form to Paradise Animal Control
925 American Way, Paradise CA 95969