## ANIMAL CONTROL DIVISION COMPLAINT REPORT

## Complainant: Last Name First Middle Date of Birth Address: \_\_\_\_\_ City Number/Street State Zip **Phones:** \_\_\_\_\_ Work Home Other Number of pets owned: Cats: Dogs: License Numbers: Violator: Last name First Middle Date of Birth Address: \_\_\_\_\_ Number/Street Zip City State Phones: Home Work Other Number of pets owned: Cats: \_\_\_\_ Dogs: \_\_\_\_ License Numbers: \_\_\_\_\_ Description of violating pet(s): Narrative of violation: On this date: \_\_\_\_\_ at this time: \_\_\_\_ AM/PM at this location: the following occurred: "I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct; that I am willing to testify to this in a court of law." RCW 9A.72.085 Signature: \_\_\_\_\_ Date: \_\_\_\_\_