

**TOWN OF TWISP  
ANIMAL CONTROL COMPLAINT**

For OFFICE USE ONLY:

RECEIVED

ASSIGNED TO:

**COMPLAINANT INFORMATION**

This portion is to be completed by you, and about you. We need to know your full name, address, and other information. Please print neatly or type, and review the completed form to ensure that all information is included and correct.

**Your Information:**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Street  
Address: \_\_\_\_\_

PO Box: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_

Telephone/Home: \_\_\_\_\_ Telephone/Daytime: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**ANIMAL OWNERS INFORMATION**

We need you to tell us as much information about the animal owner as you know. Don't guess, be certain. If there is some information that you do not know, simply write "unknown". The information most needed is the animal owner's address. If you are uncertain about the owner's information, or whether the animal even has an owner, you may want to speak with your neighbors to see if they might know.

**Pet Owner's Information:**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Street  
Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone, if known: Home: \_\_\_\_\_ Daytime: \_\_\_\_\_

When is the owner normally home? \_\_\_\_\_

Age/Date of Birth of Owner (if approx., state so): \_\_\_\_\_

**DESCRIPTION OF THE ANIMAL(S)**

To take action, Animal Control needs to be as certain as possible that we are dealing with the correct animal(s). Please record as much and as accurate a description of each animal as possible. Only list animals that were involved in the specific incident you are completing this statement for.

DOG/CAT                      BREED                      COLOR                      MALE/FEMALE                      PET NAME

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If you are uncertain about the animal or its description, you may want to talk to your neighbors. Incorrect information damages everyone’s credibility if the case were to be challenged in court, and usually results in the case being dismissed.

**WHEN AND WHERE DID IT HAPPEN?**

Please fill in all the blanks with EXACT time, date, and location, based on what you observed. Without this information, Animal Control cannot pursue further action.

**Location of Incident:**

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Date of Incident: Exact Date

Time of Incident: Exact time (AM or PM)

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(If there is more than one incident and time, attach additional copies of this page 2 and page 3 for each incident.)

