



OC Animal Care

BARKING DOG COMPLAINT FORM

COMPLAINANT INFORMATION

COMPLAINANT'S COMPLETE NAME, ADDRESS, AND PHONE NUMBER ARE REQUIRED. FORMS WITH INCOMPLETE OR MISSING COMPLAINANT INFORMATION WILL NOT BE ACCEPTED.

COMPLAINANT LAST NAME

FIRST NAME

PHYSICAL ADDRESS

CITY

STATE

ZIP CODE

MAILING ADDRESS IF DIFFERENT FROM ABOVE

CONTACT INFORMATION

HOME PHONE:

OTHER PHONE

BARKING DOG INFORMATION

OWNER LAST NAME

FIRST NAME

VIOLATION ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBERS

HOME:

OTHER:

DATES AND TIMES OF VIOLATION MUST BE GIVEN IN THE FORMAT LISTED. COMPLAINT FORMS WITH VIOLATION DATES SUCH AS "EVERY DAY", "ALL THE TIME", OR "EVERY SATURDAY MORNING" WILL NOT BE ACCEPTED. DATES OF VIOLATION NEED TO BE COMPLETE AND SATISFY THE DEFINITION OF A BARKING DOG VIOLATION WHICH CONSISTS OF 30 MINUTES OF INCESSANT BARKING/NOISE OR 60 MINUTES OF CUMMULATIVE INTERMITTENT BARKING/NOISE IN A 24 HOUR PERIOD. BE ADVISED THAT VIOLATION DURATIONS FOR INTERMITTENT NOISE NEED TO BE LONGER THAN 60 MINUTES IN LENGTH TO ESTABLISH 60 MINUTES OF COMBINED BARKING/NOISE OCCURRENCE. TWO DATES OF VIOLATION ARE REQUIRED. AT LEAST ONE DATE OF VIOLATION MUST BE WITHIN THE LAST 10 DAYS. ADDITIONAL INFORMATION REGARDING THE DATE(S) OF VIOLATION CAN BE INDICATED IN THE COMMENT SECTION LOCATED ON THE SECOND PAGE OF THE COMPLAINT FORM.

DATE OF VIOLATION

CHECK ONE:

(MM/DD/YY): _____

- INTERMITTENT (ON/OFF)
- INCESSANT (NON-STOP)

DURATION (HH:MM)

FROM: _____ AM PM TO: _____ AM PM

DATE OF VIOLATION

CHECK ONE:

(MM/DD/YY): _____

- INTERMITTENT (ON/OFF)
- INCESSANT (NON-STOP)

DURATION (HH:MM)

FROM: _____ AM PM TO: _____ AM PM

DESCRIPTION OF BARKING DOG OR NUISANCE ANIMAL (IF KNOWN) DOG OTHER

DOG BREED OR ANIMAL TYPE: _____ COLOR: _____

SIZE: _____ MALE FEMALE

OTHER DESCRIPTION OR ADDITIONAL DOGS:

HAVE YOU CONTACTED THE RESPONSIBLE PARTY? YES NO

IF YES, PLEASE LIST THE DATE AND NAME OF THE PERSON CONTACTED:

ADDITIONAL INFORMATION OR COMMENTS:

PLEASE ONLY INCLUDE INFORMATION IN THIS SECTION THAT RELATES TO THE DATES OF VIOLATION LISTED ON THE FIRST PAGE OF THIS COMPLAINT.

By signing below, I am stating, under penalty of perjury under the laws of the State of California, that I have completed this barking dog or animal nuisance complaint in good faith and upon my own free will; that the information contained in both pages of this complaint form is true and correct to the best of my knowledge; and that I am an actual witness to the barking dog or animal nuisance violations listed in this complaint.

DATE	SIGNATURE
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COMPLETED FORMS CAN BE SUBMITTED BY FAX, MAIL, OR PERSONAL DELIVERY TO THE OC ANIMAL CARE SHELTER DURING REGULAR BUSINESS HOURS.

**MAIL: OC ANIMAL CARE, BARKING DOG/ ANIMAL NUISANCE PROGRAM
1630 VICTORY ROAD, TUSTIN, CA 92782**

FAX: (714) 259-1087

**CONTACT THE BARKING DOG/ANIMAL NUISANCE PROGRAM AT
(714) 796-6442 WITH ANY QUESTIONS REGARDING THE PROPER COMPLETION OF THIS
FORM OR THE BARKING DOG OR ANIMAL NUISANCE PROCESS**