

**TOWN OF STAR CITY
DOG COMPLAINT REPORT**

DATE: _____

NAME OF COMPLAINANT: _____

ADDRESS OF COMPLAINANT: _____

PHONE NUMBER: _____

NAME & ADDRESS OF OWNER OF DOG: _____

COMPLAINT AND GENERAL AREA OF INFRACTION:

DATED THIS _____ DAY OF _____ 20____.

Please note that the above information may be forwarded to the RCMP for court reference if required.

SIGNATURE OF COMPLAINANT

(For Office Use Only)

ACTION TAKEN:
