Turners Falls, Ma 01376

DOG COMPLAINT G.L. c.140, §157

COMPLAINANT INFORMATION	
Name:	Telephone #: ()
Address:	
Date and time of Incident:	
Location of Incident:	
Description of Incident:	
DOG INFORMATION:	
Dog's Name (if known):	
Description (breed, color, distinctive markings, etc.):	
OWNER INFORMATION (if known)	
Owner's Name:	
Owner's Address:	
COMPLAINT	
I, the complainant identified above, state that the dog describe	ed in this complaint:
☐ Constitutes a nuisance because it (you <i>must</i> select one of	f the following):
☐ has a vicious disposition	
□ barks excessively	
☐ causes the following disturbance (describe):	
By reason of its excessive barking/and or other disturbance person (name and address	e, constitutes a source of annoyance to the following sick
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STATEMENT	
I understand that my identity will not be released during the hearing. I will be required to attend the hearing and make my is made under the penalties of perjury.	
Signature of Complainant	Date of Complaint
Return completed signed complaint to:	
Franklin County Regional Animal Control 10 Sandy Lane	OFFICIAL USE ONLY

ANIMAL CONTROL - 02 REVISION DATE: 10/10/19

Date Received:_

Case No.:_