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## Dog Complaint Form

<b>Date Received:</b>		<b>Time:</b>		a.m. p.m.
<b>Name of Complainant:</b>				
	Last Name	First Name		
<b>Municipal Address of Complainant:</b>				
<b>Telephone Number:</b>			<b>Cell:</b>	
<b>Details:</b>				
<b><i>Animal Control Officer</i></b>				
<b>Action Taken:</b>				
<b>Animal Control Officer:</b>				Signature