TOWN OF STAR VALLEY RANCH

CITIZEN COMPLAINT FORM

Name:_____ **Phone Number:**_____

Address:_____ **Date of Incident(s):** _____

Location of Incident(s):_____

Name and Address of Dog Owner:_____

Description of Dog(s): _____

Narrative of Incident(s):_____

_____

_____

_____

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_____

I request that an investigation be made by the Town into the incident(s) described herein. I agree to cooperate fully with said investigation, including giving written statements and testifying in hearings, trials or other proceedings commenced in the Town Municipal Court stemming from this Complaint.

To the best of my knowledge and belief, the statements made herein are true and correct.

_____ _____

Signature **Date**

_____ _____

Received By **Date**