



VILLAGE OF FONDA
8 E. MAIN ST.
FONDA, NY 12068
(518)853-4335 Fax (518)853-4555

ANIMAL COMPLAINT FORM

Upon signing this form, I agree that should legal proceedings be required I will APPEAR IN COURT AS A WITNESS TO GIVE EVIDENCE TO THE TRUTH of this complaint. All personal information will remain confidential

Complainant Name _____ **Date** _____

Address _____

Phone # _____

Nuisance Animal: Dog ____ Cat ____ Other ____

Type of Nuisance: Attack ____ Waste removal ____ Other ____
Barking/Noise ____ (required full details, times, dates to be recorded or logged)

Specific Details of Nuisance

Property Location of Complaint _____

Date(s) _____

Time(s) _____

Location _____

Supporting evidence: Photos ____ Written statements of neighbors ____ Other ____

Breed/Color/Sex of Animal _____

Any additional useful information _____

Certification

I certify that the information provided on this form is true, that I personally witnessed this alleged violation, and that I may be called to testify about these facts and agree to do so.

Signature

Date