



CITY OF ARLINGTON
ANIMAL DEFECACTION COMPLAINT AFFIDAVIT

Complainant:

Name: _____ Cell Phone: _____ (Optional)
Hm. Phone: _____ Bus. Phone: _____
Address: _____
(Street) (City) (State) (Zip Code)

Owner of Animal:

Name: _____ Hm. Phone: _____ Bus. Phone: _____
Address: _____
(Street) (City) (State) (Zip Code)

Witnesses:

Name: _____ Hm. Phone: _____ Bus. Phone: _____
Address: _____
(Street) (City) (State) (Zip Code)

Name: _____ Hm. Phone: _____ Bus. Phone: _____
Address: _____
(Street) (City) (State) (Zip Code)

COMPLAINANT AFFIDAVIT

My name is _____. I am more than 18 years of age and I live at the Arlington address shown above. I am complaining about the following incident(s).

(Describe in detail the alleged violation including date(s), time(s), frequency, place(s); describe any video or audio recordings or photographs of the animal, describe the animal and any additional witnesses' involvement:

(Continue on back, if necessary)

(PLEASE SIGN IN FRONT OF A NOTARY)

I swear that the above information is true and correct to the best of my belief and knowledge.

(Complainant/Affiant) (Date)

On this day, _____ personally appeared before me, the undersigned Notary Public, and after being duly sworn stated the above under oath.

SUBSCRIBED AND SWORN TO BEFORE ME on this the _____ day of _____, _____

My Commission Expires:

Notary Public in and for the State of Texas

Return completed affidavit to: Arlington Animal Services • 1000 S.E. Green Oaks Blvd. • Arlington, TX 76018