



COUNTY OF SONOMA
ANIMAL REGULATION DIVISION
AGRICULTURE DEPARTMENT

ANIMAL SHELTER
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LISA CORREIA
AGRICULTURAL COMMISSIONER/DIRECTOR

DORI VILLALON
CHIEF DEPUTY DIRECTOR

COMPLAINT STATEMENT

****NOTE: IF THERE ARE MULTIPLE PETITIONERS FOR THIS COMPLAINT,
PLEASE DESIGNATE ONE PERSON TO COLLECT AND RETURN ALL
STATEMENTS TOGETHER. PLEASE WRITE "COMPLAINT
STATEMENTS" ON THE FRONT OF THE ENVELOPE.****

DATE _____

COMPLAINT # _____

NAME: _____

PHYSICAL ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

(PLEASE PROVIDE DAY TIME PHONE NUMBER)

ANIMAL OWNERS NAME: _____

PHYSICAL ADDRESS: _____

PLEASE DESCRIBE YOUR COMPLAINT (PLEASE INCLUDE DATES, TIMES AND
LOCATIONS AS EXACTLY AS POSSIBLE). EXPLAIN HOW YOU CAN BE SURE
THIS IS THE LOCATION OF THE OFFENSE AND THE ANIMAL INVOLVED.

(FOR ADDITIONAL SPACE PLEASE USE BACK OF THIS FORM)

___ YES I AM WILLING TO TESTIFY IN COURT IF NECESSARY.
___ NO I AM NOT WILLING TO TESTIFY IN COURT.

I HAVE READ THIS STATEMENT CONSISTING OF _____ PAGE(S) AND I
DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND
CORRECT.

EXECUTED ON DATE _____ AT (PLACE) _____

SIGNATURE _____

