|  |  |
| --- | --- |
| **NUISANCE DOG COMPLAINT FORM**  |  |

|  |  |
| --- | --- |
| To the Registrar of Dogs of | DISTRICT COUNCIL OF LOXTON WAIKERIE |
|  |
| **Applicant Details** |  |
| First Name\*: |       | Surname\*: |       |
| Residential Address: |       |
| Residential Suburb: |       | Postcode: |       |
| Mailing Address: |       |
| Mailing Suburb: |       | Postcode: |       |
| Daytime Phone: |       | Mobile Phone: |       |
| Email Address: |       |
|  |
| **Description of dog** *If known* |
| Name of dog\*: |       | Breed\*: |       |
| Colour\*: |       | Markings\*: |       |
| Gender\*: | [ ]  Male [ ]  Female [ ]  Desexed | Approximate age: |       |
| Other descriptors: |       |
| Usual place dog kept: |       |
| Suburb: |       | Postcode: |       |
|  |
| **Complaint** |  |
| Location |       |
| Date / Time |       |
| Details (include contact details of witnesses if applicable) |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
| *If there was more than one dog involved in the incident please lodge separate complaint forms* |
|  | Signature: |
|  | Date:       |