Auburn Police Department
Animal Control Division
Barking Dog Complaint Packet

A certain amount of noise must be tolerate living in urban and suburban area, as they are part of daily life. However, when the noise becomes unreasonable, such as a chronic, excessive barking dog, we offer suggestions that can help reestablish peace and quiet to your neighborhood.

The first course of action is to speak to the dog owner directly, or if that is not possible, sending a letter being neighborly, offering solutions and compromises, and allowing a remedy period are all part of being community oriented and solving the problem at a neighborhood level.

If that approach is unsuccessful, please complete this packet and submit it to the Auburn Police Department: 340 East Main Street, Ste. 201, Auburn, WA 98002 (253) 931-3080; we will then contact you for additional information and to assist with solving your barking problem.

Record of personal contact with dog owner/keeper:

<table>
<thead>
<tr>
<th>Complainant Name</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
</table>

List of Complainants: A minimum of three complainants is needed; each must reside within a separate household and be over 18 years of age. Each must also complete the “Animal Control Division Complaint Report” (included) documenting the dates, times and duration of at least three incidents of barking for more than 15 minutes within an hour; all within seven days, and be willing to testify in court.

Complainant # 1 Name: __________________________________________

Complainant # 2 Name: __________________________________________

Complainant # 3 Name: __________________________________________
ANIMAL CONTROL DIVISION COMPLAINT REPORT

Complainant:

Last Name   First   Middle   Date of Birth

Address:__________________________________________

Number/Street   City   State   ZIP

Phones:__________________________________________

Home   Work   Other

Number of pets owned:  Cats:_____  Dogs:_____  License Numbers:______________

Violator:

Last Name   First   Middle   Date of Birth

Address:__________________________________________

Number/Street   City   State   ZIP

Phones:__________________________________________

Home   Work   Other

Number of pets owned:  Cats:_____  Dogs:_____  License Numbers:______________

Description of violating pet(s):__________________________

Narrative of violation:

On this date:__________at this time:__________AM/PM At this location:_____

the following occurred:________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

“I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct; that I am willing to testify to this in a court of law” RCW 9A.72.085

Signature:__________________________________________ Date:______________

Officer:_____________________________________________
ANIMAL CONTROL DIVISION COMPLAINT REPORT

Complainant:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Address:

<table>
<thead>
<tr>
<th>Number/Street</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Phones:

<table>
<thead>
<tr>
<th>Home</th>
<th>Work</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Number of pets owned: Cats: _____ Dogs: _____ License Numbers: ________________

Violator:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Address:

<table>
<thead>
<tr>
<th>Number/Street</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Phones:

<table>
<thead>
<tr>
<th>Home</th>
<th>Work</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Number of pets owned: Cats: _____ Dogs: _____ License Numbers: ________________

Description of violating pet(s): ____________________________________________

Narrative of violation:

On this date: __________ at this time: __________ AM/PM At this location: _______
the following occurred: _______________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

“I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct; that I am willing to testify to this in a court of law” RCW 9A.72.085

Signature: ___________________________ Date: ______________

Officer: _____________________________
ANIMAL CONTROL DIVISION COMPLAINT REPORT

Complainant:

Last Name   First   Middle   Date of Birth

Address: __________________________________________
          Number/Street   City   State   ZIP

Phones: __________________________________________
        Home    Work   Other

Number of pets owned:  Cats: _____  Dogs: _____  License Numbers: ____________

Violator:

Last Name   First   Middle   Date of Birth

Address: __________________________________________
          Number/Street   City   State   ZIP

Phones: __________________________________________
        Home    Work   Other

Number of pets owned:  Cats: _____  Dogs: _____  License Numbers: ____________

Description of violating pet(s): ____________________________________________

Narrative of violation:

On this date: ___________ at this time: ___________ AM/PM At this location: ________
the following occurred: ________________________________________________________

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

“I certify (or declare) under penalty of perjury under the laws of the State of Washington that the
foregoing is true and correct; that I am willing to testify to this in a court of law” RCW 9A.72.085

Signature: ____________________________ Date: ______________
Officer: ________________________________