Auburn Police Department Animal Control Division

Barking Dog Complaint Packet

A certain amount of noise must be tolerated 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 reinstate 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	log owner/keeper:							
Complainant Name	Date	Time						
<u>List of Complainants</u> : 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	Mic	ldle Da	te of Birth
Address:					ar.b.
	Number/Str	eet	City	State	ZIP
Phones:	Home		Work	Other	
	поше		WOLK	other	
Number of p	ets owned:	Cats:	Dogs:	License Numbers	S:
Violator:					
Last Name		First	Mic	ldle Da	te of Birth
Address:					
	Number/Str	eet	City	State	ZIP
Phones:					
	Home		Work	Other	
Number of p	ets owned:	Cats:	Dogs:	License Numbers	S:
Description	of violating	pet(s):			
Narrative of	f violation:				
On this date: at this tin		ie:	AM/PM At this l	ocation:	
				laws of the State of Wa this in a court of law"	
Signature: _				Date:	
_					

ANIMAL CONTROL DIVISION COMPLAINT REPORT

Complainant:

Last Name First Middle Date of Birth Address: Number/Street City ZIP State Phones: Work Home Other **Number of pets owned:** Cats: Dogs: License Numbers: Violator: First Middle Date of Birth Last Name 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:

Last Name First Middle Date of Birth Address: Number/Street City ZIP State Phones: Work Home Other **Number of pets owned:** Cats: Dogs: License Numbers: Violator: First Middle Date of Birth Last Name 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: _____