



City of Chico Police Department
Animal Services
Initial Barking Dog Complaint Form
PLEASE PRINT CLEARLY
ANONYMOUS FORMS ARE NOT ACCEPTED



COMPLAINANT INFORMATION	
Your Name	
Residence Address (NO P.O. Boxes)	
Daytime Telephone Number(s)	
BARKING DOG INFORMATION	
Dog Owner's Name (If Known)	Phone Number (If Known)
Address of Barking Dog(s)	
Other Responsible Party's Name(s)/Relationship to Owner	
Description of Barking Dog(s) (Breed/Color/Size/Name, etc.):	
Describe how you know the dog(s) described above are barking:	
Describe Barking (Date/Time/Duration) or attach Barking Dog Log:	Barking is: <input type="checkbox"/> Constant <input type="checkbox"/> On and off
Have you contacted the dog owner or other responsible party, if so, who did you contact (name of person contacted).	
When did you contact them (date) and what was the result of your contact?	
If no contact, why not?	
SIGNATURE	
By signing below you declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and you understand that providing false information is a misdemeanor with a maximum punishment of six (6) months in jail and/or a fine of up to \$1,000.	
Signature	Date

Mail or fax form to:
Chico Police Department/Animal Services
1460 Humboldt Ave.
Chico, CA 95928
Fax: 530-894-5338