# TOWN OF ALPINE

## CITIZEN COMPLAINT FORM

Name:_____ Phone Number:_____

Address:_____ Date of Incident(s): _____

Location of Incident(s):_____

Name and Address of Dog Owner:_____

Description of Dog(s): _____

Narrative of Incident(s):_____

_____

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_____

I request that an investigation be made by the Town into the incident(s) described herein. I agree to cooperate fully with said investigation, including giving written statements and testifying in hearings, trials or other proceedings commenced in the Town Municipal Court stemming from this Complaint.

To the best of my knowledge and belief, the statements made herein are true and correct.

_____ _____

Signature Date

_____ _____

Received By Date