



AFFIDAVIT OF COMPLAINT

Leon County Animal Control
911 Easterwood Drive, Tallahassee FL 32311
Phone: (850) 606-5400



Any person who knowingly gives false information may be prosecuted under Chapter 837, F.S.

Complainant's Name: _____ Phone No.: _____

Address: _____

I hereby request that Leon County Division of Animal Control investigate and, if valid, issue a citation to the pet owner listed below. I have personally witnessed the following incident.

Description of Nuisance or Complaint: _____

Date(s) of Occurrence: _____ Time(s): _____

Description of Animal(s): _____

Species	Breed	Color	Sex	Age

Do you know or have knowledge of the animal's possible owner? Yes _____ No _____

Owner's Name: _____ Phone No. _____

Address: _____

I understand that by giving this sworn statement it will be necessary for me to appear before the Leon County Circuit Judge if this citation is contested or if the defendant's appearance before the Circuit Court is mandatory.

Complainant's Signature DAC Employee Recording Complaint/Date

Sworn to and subscribed before me this _____ day of _____, 20____ by

_____ who is personally known to me or has produced _____ as identification.
(Driver license, state ID, etc)

_____ My Commission Expires:

NOTARY PUBLIC, State of Florida
County of Leon

