



AFFIDAVIT OF COMPLAINT



Leon County Animal Control
911 Easterwood Drive, Tallahassee, Fl 32311
Phone: (850) 606-5400 Fax: (850) 606-5401

Any person who knowingly gives false information may be prosecuted under Florida Statute 837.06
(False official statements.-Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.)

Complainant's Name: _____ Date of Birth: _____

Address: _____ Phone: _____

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): _____

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

State of Florida County of Leon
Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____.

Notary Public Signature

Personally known _____ OR Produced Identification _____
Type of Identification _____