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I,		
		ur full name)
of		
	(your full resi	dential address)
Contact Details:		;
	(mobile)	(home/work)
Email address:		
State that a dog/s,	, which I believe to be a	,
3		(colour and breed of dog/s)
kept at		
	(address	where dog is kept)
barking dog at the	above address and having spe	n the attached diary. Having made a complaint about the oken to the owner / occupier of the above premises, I tute proceedings if the barking does not stop, and I will
(a) give full info	rmation to the Council as to this	s matter; and to
(b) appear in Co	ourt to give evidence as a witne	ess to the truth and validity of this complaint.
SIGNED:		
	(yo	ur signature)
DATED:	date of signature)	
	date of signature)	

Privacy Statement: Council is collecting the personal information on this form for the purpose of gathering information applicable to this complaint. The information will be used for actioning the complaint and will not be disclosed to any other party except as required by law. If you fail to provide this information, no action can be taken with regard to this complaint. You may access this information by contacting Council on (02) 6827 1900 during business hours.



DIARY OF BARKING

(Please keep a log for a period of 14 days minimum)

Date	Time	Duration (for how long did the dog bark?)	Effect
		tile dog bark:	
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Add extra pages as required.