Glena Jackson
ANIMAL SERVICES SUPERVISOR
gjackson@turlock.ca.us

Turlock Police Department **Robert Jackson, Chief of Police**
244 N BROADWAY | TURLOCK, CALIFORNIA 95380 | PHONE 209-656-3140 | FAX 209-668-5101 | TDD 209- 668-1207

BARKING DOG COMPLAINT FORM

REPORTING PARTY *****required fields***

**Reporting Party Last Name ** First Name

**Mailing Address ** City ** Zip Code

**Telephone number Cell phone

Barking Dog Information

Owner's Last name (if known) First Name

**Address of Barking Dog

Description and number of barking dogs:

Dates and times must fit the criteria outlined in TMC 9-2-309(e)

1ST Date:	**Duration/Time:** **From:** **(a.m./p.m.)**	**Circle One:** **Incessant** **Intermittent**
2nd Date:	**Duration/Time:** **From:** **(a.m./p.m.)**	**Circle One:** **Incessant** **Intermittent**

Have you attempted to contact the dog owner or other Responsible Party? Y N

By signing this statement, I agree to keep a log of the times, dates, and duration of barking, Sign an affidavit under penalty of perjury as to this disturbance, and appear at the administrative hearing if requested.

Date: _____ Signature: _____

Sincerely,

GLENA JACKSON
Animal Services Supervisor