



# OC Animal Care

## BARKING DOG OR ANIMAL NUISANCE COMPLAINT FORM

### COMPLAINANT INFORMATION

COMPLAINANT'S COMPLETE NAME, ADDRESS, AND PHONE NUMBER ARE REQUIRED. FORMS WITH INCOMPLETE OR MISSING COMPLAINANT INFORMATION WILL NOT BE ACCEPTED.

COMPLAINANT LAST NAME

FIRST NAME

PHYSICAL ADDRESS

CITY

STATE

ZIP CODE

MAILING ADDRESS IF DIFFERENT FROM ABOVE

### CONTACT INFORMATION

HOME PHONE:

OTHER PHONE

### BARKING DOG OR NUISANCE ANIMAL INFORMATION

OWNER LAST NAME

FIRST NAME

VIOLATION ADDRESS

CITY

STATE

ZIP CODE

### TELEPHONE NUMBERS

HOME:

OTHER:

DATES AND TIMES OF VIOLATION MUST BE GIVEN IN THE FORMAT LISTED. COMPLAINT FORMS WITH VIOLATION DATES SUCH AS "EVERY DAY", "ALL THE TIME", OR "EVERY SATURDAY MORNING" WILL NOT BE ACCEPTED. DATES OF VIOLATION NEED TO BE COMPLETE AND SATISFY THE DEFINITION OF A BARKING DOG OR ANIMAL NUISANCE VIOLATION WHICH CONSISTS OF **30 MINUTES OF INCESSANT NOISE OR 60 MINUTES OF CUMULATIVE INTERMITTENT NOISE IN A 24 HOUR PERIOD. BE ADVISED THAT VIOLATION DURATIONS FOR INTERMITTENT NOISE NEED TO BE LONGER THAN 60 MINUTES IN LENGTH TO ESTABLISH 60 MINUTES OF COMBINED NOISE OCCURRENCE. TWO DATES OF VIOLATION ARE REQUIRED. AT LEAST ONE DATE OF VIOLATION MUST BE WITHIN THE LAST 10 DAYS. ADDITIONAL INFORMATION REGARDING THE DATE(S) OF VIOLATION CAN BE INDICATED IN THE COMMENT SECTION LOCATED ON THE SECOND PAGE OF THE COMPLAINT FORM.**

DATE OF VIOLATION (**MM/DD/YY**):

#### CHECK ONE:

☐ INTERMITTENT (ON/OFF)

☐ INCESSANT (NON-STOP)

BARKING/NOISE DURATION (**HH:MM**)

FROM: \_\_\_\_\_ ☐ AM ☐ PM TO: \_\_\_\_\_ ☐ AM ☐ PM

DATE OF VIOLATION (**MM/DD/YY**): \_\_\_\_\_

#### CHECK ONE:

☐ INTERMITTENT (ON/OFF)

☐ INCESSANT (NON-STOP)

BARKING/NOISE DURATION (**HH:MM**)

FROM: \_\_\_\_\_ ☐ AM ☐ PM TO: \_\_\_\_\_ ☐ AM ☐ PM

DESCRIPTION OF BARKING DOG OR NUISANCE ANIMAL (IF KNOWN) ☐ DOG ☐ OTHER

DOG BREED OR ANIMAL TYPE: \_\_\_\_\_ COLOR: \_\_\_\_\_

SIZE: \_\_\_\_\_ ☐ MALE ☐ FEMALE

OTHER DESCRIPTION OR ADDITIONAL ANIMALS:

---

---

---

---

HAVE YOU CONTACTED THE RESPONSIBLE PARTY? ☐ YES ☐ NO

IF YES, PLEASE LIST THE DATE AND NAME OF THE PERSON CONTACTED:

---

ADDITIONAL INFORMATION OR COMMENTS:

PLEASE ONLY INCLUDE INFORMATION IN THIS SECTION THAT RELATES TO THE DATES OF VIOLATION LISTED ON THE FIRST PAGE OF THIS COMPLAINT.

---

---

---

---

---

---

By signing below, I am stating, under penalty of perjury under the laws of the State of California, that I have completed this barking dog or animal nuisance complaint in good faith and upon my own free will; that the information contained in both pages of this complaint form is true and correct to the best of my knowledge; and that I am an actual witness to the barking dog or animal nuisance violations listed in this complaint.

<b>DATE</b>	<b>SIGNATURE</b>
-------------	------------------

**COMPLETED FORMS CAN BE SUBMITTED BY FAX, MAIL, OR PERSONAL DELIVERY TO THE OC ANIMAL CARE SHELTER DURING REGULAR BUSINESS HOURS.**

**MAIL: OC ANIMAL CARE, BARKING DOG/NUISANCE ANIMAL PROGRAM  
1630 VICTORY ROAD, TUSTIN, CA 92782**

**FAX: (714) 259-1088**

**CONTACT THE BARKING DOG/ANIMAL NUISANCE PROGRAM AT  
(714) 796-6442 WITH ANY QUESTIONS REGARDING THE PROPER COMPLETION OF THIS  
FORM OR THE BARKING DOG OR ANIMAL NUISANCE PROCESS**