

**Town of Champlain
Dog Control
10729 Rte 9
Champlain NY 12919**

*******COMPLAINT REPORT*******

DATE: _____ **TIME** _____ **INITIALS** _____

NAME: _____

ADDRESS : _____

PHONE # : _____ **Work#:** _____

Location of Problem (if different from above)

Exact Location or Address:

Description of Problem:

Are you a dog owner ? _____

Are your dogs Registered ? _____

Signature: _____

Date: _____