Town of Norwich

157 County Road 32A

Norwich, NY 13815

607-337-2301

Dog Complaint Form

Person(s) making complaint:

Name: _____

Address: _____

Phone#: _____

Person(s) complaint is being made about:

Name: _____

Address: _____

Phone#: _____

Nature of complaint (Explanation of alleged violations): *(You may attach additional pages if necessary.)*

_____

_____

_____

_____

_____

The above information is true and correct to the best of my knowledge. I hereby request the Town of Norwich Dog Control Officer to investigate the above issue.

Complaint's Signature: _____ Date: _____

Date Received in Town Clerk's Office: _____ Received by: _____

Date Dog Control Officer was notified: _____

Form of Notification: _____

Action and Date Taken by DCO: _____

_____

_____