

Town of Reading, VT

Citizen Animal Complaint Report

Reporting Person _____ Today's Date _____

Physical Address: _____

Mailing Address: _____

City _____ State _____ Zip _____ Phone#: _____

The following statement is true to the best of my knowledge

Owner of offending dog: _____

Incident Date: _____ Incident Time: _____ am pm

Is this the first incident with this animal? Yes No

Incident Location: _____

Animal Description: Breed _____ Color _____

Animal Description: Breed _____ Color _____

Incident Description: _____

Was there any conversation with the owner or anyone else on the property? Yes No

What was the conversation: _____

Signature of person involved in the incident: _____

Town Office: Letter sent to owner on: _____