



# CITY OF PROSSER, WA

601 7th Street, Prosser, Washington 99350 (509)786-2332 Fax (509)786-3717

## ANIMAL CONTROL COMPLAINT FORM

### (Your Information)

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: ( \_\_\_\_ ) \_\_\_\_\_

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**ADDRESS OF VIOLATION:** \_\_\_\_\_

*(Please provide the exact address of the violation; this will greatly increase the effectiveness of the Animal Control Enforcement process. Failure to provide an exact address of the violation may result in the inability to locate the violation you are referencing.)*

**DESCRIPTION OF VIOLATION:** *(Please be as specific as possible; include a description of the animal.)* \_\_\_\_\_

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**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*All Animal Control Complaint forms must be filled out completely. Incomplete forms will be not be submitted to the Animal Control Officer.*

**NOTE: This form is subject to public disclosure.  
This institution is an equal opportunity provider, and employer.**