

TOWN OF BRISTOL

ANIMAL COMPLAINT FORM

DATE OF DOG INCIDENT: 11/20/20 TIME: 7:45 am

COMPLAINANT: Matt Baron PHONE No.: 802-377-1613

ADDRESS: 92 Vincent Dr.

NATURE OF COMPLAINT: Travis Manning at 91 Vincent Dr. dogs continue to roam on my property.

Continue on back if needed

DESCRIBE INJURIES OR PROPERTY DAMAGE (if any):

Continue on back if needed

VICTIM: WITNESS(ES):

Address: Address:

Phone #: Phone #:

DESCRIPTION OF DOG: BREED: SIZE: COLOR:

Other distinguishing features:

OWNER OF DOG: ADDRESS:

COMPLAINANT SIGNATURE: DATE:

Section below for Town use

Was dog impounded: Date: Time:

Was dog licensed: Tag #:

Violations and penalties: 1st violation: written warning; 2nd violation: \$25; 3rd violation: \$50; 4th and subsequent violations: \$75 \$

Impoundment Fees: 1st Offense: \$25; 2nd & Subsequent Offenses: \$40 Plus \$10 Per Day Boarding X days \$

TOTAL DUE: \$

Date Paid:

REMARKS:

Signed: [Signature] Title: 11/20/20