



CECIL COUNTY ANIMAL COMPLAINT FORM	Submitted Date:
---	----------------------------

Please complete this form in its entirety. An Incomplete or unclear submission can cause a delay in processing/responding. Attach additional sheets as necessary.

Complainant Information

Name: _____ Home Phone #: _____
Address: _____ Work Phone #: _____

Owner of Problem Animal(s) Information

Name: _____
Address: _____

What is the nature of the problem? Please be specific. _____

Describe the animal(s) involved. (i.e., color, size, breed). _____

How often does this problem occur? List date(s). _____

Where did/does this problem take place? _____

Note: For excessive noise complaints, you must first notify the owner via Certified Mail concerning the nature of the problem (Sec. 142-19) of Chapter 142.

The results of your action should be addressed in your complaint. Have you made any attempt to notify the animal(s) owner of the problem? If yes, what was the result?

Signature: _____ Date: _____

Upon completion, send this original form (keep a copy for your records) to:
Cecil County Animal Care and Control Office.

