



Marion County
Board of County Commissioners

Animal Services ♦ Animal Control

5701 SE 66th St.
Ocala, FL 34480
Phone: 352-671-8727
Fax: 352-671-8717

AFFIDAVIT OF COMPLAINT

(Please use black ink and print legibly)

ACTIVITY NUMBER _____

COMPLAINANT: _____

LAST	FIRST	MI	NAME OF PARENT OR GUARDIAN IF MINOR	
STREET ADDRESS		NAME OF LOCATION/SUBDIVISION	CITY/STATE	ZIP
MAILING ADDRESS IF DIFFERENT		HOME PHONE	OTHER PHONE	

ANIMAL OWNER: _____

LAST	FIRST	MI	NAME OF PARENT OR GUARDIAN IF MINOR	
STREET ADDRESS		NAME OF LOCATION/SUBDIVISION	CITY/STATE	ZIP
MAILING ADDRESS IF DIFFERENT		HOME PHONE	OTHER PHONE	

Have you spoken with the animal owner about the incident? (If yes, give full details):

INCIDENT(S): Give full details of the incident(s) about which you are making this complaint. Include the date(s), approximate time(s), address and location(s) the incident(s) took place. Include a detailed description of any animal involved and directions to the animal owner's residence. **Failure to provide all of the important details listed above may cause this affidavit to be invalid.**

Page 1 of _____ Page(s).

NAME OF WITNESS OF INCIDENT(S)	ADDRESS AND TELEPHONE NUMBER OF WITNESS
NAME OF WITNESS OF INCIDENT(S)	ADDRESS AND TELEPHONE NUMBER OF WITNESS

"I swear (or affirm) that the above statements and allegations are true and correct to the best of my knowledge and belief."

SIGNATURE OF AFFIANT

DATE

STATE OF FLORIDA
COUNTY OF _____

PERSONALLY KNOWN TO ME
 ID PRESENTED _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by
(name of affiant) _____.

SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

(SEAL) PRINT, TYPE OR STAMP NAME OF NOTARY

"Meeting Needs by Exceeding Expectations"