

Animal Services Department
 4800 Imhoff Place
 Martinez, CA 94553-4300
 (925) 608-8400

CONTRA COSTA COUNTY

Beth Ward
 Animal Services Director



Case number: _____

**AFFIDAVIT OF COMPLAINT OF VIOLATION OF
 CONTRA COSTA COUNTY NOISY ANIMAL ORDINANCE**

| | | |
|--------------------------------|-----------------------------|-------------|
| COMPLAINANT'S LAST NAME | FIRST NAME | MIDDLE NAME |
| COMPLAINANT'S ADDRESS | CITY/STATE | ZIP |
| COMPLAINANT'S TELEPHONE NUMBER | COMPLAINANT'S EMAIL ADDRESS | |

| | | |
|--|-------------|-------------|
| RESPONSIBLE PERSON'S LAST NAME (Mandatory) | FIRST NAME | MIDDLE NAME |
| RESPONSIBLE PERSON'S ADDRESS | CITY, STATE | ZIP |
| ADDRESS OF VIOLATION (IF DIFFERENT) | CITY | ZIP |

| | |
|---|--|
| Date of initial complaint - Most Recent Case Number as entered above (Found on letter you received) | Incessant <input type="checkbox"/> 30 min non stop OR Intermittent <input type="checkbox"/> 60 min off/on |
| 2 nd Violation Date & Time: (Must be at least 16 days but not more than 60 days from the above date) DATE _____ TIME from: _____ to _____ | Incessant <input type="checkbox"/> 30 min non stop OR Intermittent <input type="checkbox"/> 60 min off/on |

I, the Complainant named above, make this Affidavit of Complaint because the animal at the above address has violated the Noisy Animal Ordinance as indicated above, causing disturbance to me. I understand that because I am signing this Affidavit, a citation may, in the discretion of the Animal Services Department, be issued to the Responsible Person named above. I understand that the Responsible Person named above may challenge the accuracy of my Complaint at a hearing before the Contra Costa County Animal Services Department, at which I will be required to testify and present evidence. I understand further that if I do not appear at any such hearing, my complaint will be dismissed.

I declare under penalty of perjury under the laws of the State of California that the foregoing information is true and correct. NOTE: Do not sign until in the presence of a CCASD staff member.

| | |
|---------------------------|-------------------|
| Signature of Complainant | Date of signature |
| Print name of Complainant | |

Bring completed affidavit **WITHOUT** signature to: Animal Services Department, 4800 Imhoff Place, Martinez, CA 94553
 Our hours are T, Th, F, and Sat 10am – 5pm and 10am – 7pm on Wed . A staff member of CCASD must witness your signature and check your identification to consider it valid. OR Have this document notarized with your signature and mail it in.

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|---|
| Department Use Only: |
| Witnessed by: _____ (print) _____ (sign) _____ (date) |
| TIME FRAMES CHECKED _____staff initial MEETS CRITERIA FOR CITATION _____staff initial |