

Town of Aurora
Dog Control
251 Quaker Rd
East Aurora, NY 14052
652-4050

Affidavit of Complaint

Generally, violations in the Town and Village of Aurora do not occur when an officer is present.

For a Dog Control Officer to take action regarding a violation, either the officer or someone else must witness the incident(s).

This affidavit of Complaint or statement, when completed by a witness, provides the documentation necessary for an action to be taken. It establishes probable cause for an officer to believe that a violation took place, who was involved, and the nature of the violation. This statement form is essential for a Dog Control Officer to pursue further action in reference to the violations you have described. For Dog Control to efficiently respond to your needs, we ask that you review and carefully complete this statement to the best of your knowledge, and return it to the Town of Aurora Dog Control Department within 10 days.

What does the dog(s) look like?

To take action, Dog Control needs to be as certain as possible that we are dealing with the correct dog(s). Please record a description of each animal that is as complete and accurate as possible. Only list animals that were involved in the incident you are completing this statement for. Here are some basic rules:

- * Breed is for species as well as the animal's specific breed.
- * Color: Indicate the dominant color first, then all the other colors

<u>Breed</u>	<u>Color</u>	<u>Male /Female</u>	<u>Name</u>	<u>License#</u>
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If you are uncertain about the animal or its description, be sure that you talk to your neighbors. Incorrect information damages everyone's credibility if the case were to be challenged in court.

When and where did it happen?

This is where you tell your story. Please fill in all the blanks with EXACT time, date, and location, based on what you observed. Without this information, Dog Control cannot pursue further action. Here are some examples:

Location: in Street in front of 121 Smith St. or in my front yard at 1212 Jones St.

Time: 1:30pm

Location of Incident:

Date of Incident: Exact date

Time of Incident: Exact time (AM or PM)

SRN: _____ CASE NO: _____

Tell us about you!

We need to know your full name, address, and phone number. Please print neatly or type, and review the completed form to ensure that all information is included and correct.

Name:

Last : _____ First : _____ MI _____

Street: _____

Town: _____ State: _____ Zip _____

Telephone:

Home: (_____) _____ - _____ Work: (_____) _____ - _____

Tell us about the animal owner

We need you to record as much information about the animal owner as you know. Don't guess, be certain. If there is some information that you do not know, simply write "unknown". The information most needed is the animal owner's address. If you are uncertain about the owner's information, or if the animal even has an owner, speak with your neighbors to be sure.

Name:

Last: _____ First _____ MI _____

Street: _____

Town: _____ State: _____ Zip: _____

Telephone:

Home: (_____) _____ - _____ Work: (_____) _____ - _____

When is the owner normally home? _____