



ANIMAL COMPLAINT

Date: _____

Owner of Animal(s): _____

Owner's Address: _____

COMPLAINT:

Reported by: _____ Phone Number: _____

FOR CITY USE ONLY

Dog License #: _____ Dog Name: _____

Action Taken/Citation Number (if applicable): _____

404 South Main Street / P.O. Box 356
Pierce, Idaho 83546
Phone 208.464.2222 Fax 208.464.2207
Email: cityhall@cityofpierce.com