

Hillsborough County Barking & Animal Noise Affidavit

YOUR NAME: _____

YOUR ADDRESS: _____

YOUR PHONE NUMBER & EMAIL ADDRESS: _____

Incident Information (Be specific with all details, dates and times; fill in all fields use N/A if do you not know) incomplete affidavits will not be processed and you will not be notified that the case is closed.

DATE OF NOISE/BARKING: _____

Start Time (circle AM or PM): _____ AM/PM End Time: _____ AM/PM

Longest break in noise: _____ hours _____ minutes _____ seconds

Approximate number of interruptions or breaks during the listed time: _____

Do you have an audio or video recording of the incident? YES NO

Animal Description: _____

Address of Noise/Barking: _____

Approximate Distance from Noise to your Address: _____

Name of Owner (if known): _____

Do you know if the dog is tethered? Yes No

Is the dog/animal confined to a specific area? Yes No

 If "yes" - What area? _____

Does the dog/animal appear to be injured? Yes No

Other observations of dog/animal's condition: _____

Detailed Description of the Incident (please provide as much exact detail as possible, continued on page 2 of the form)

Detailed Description of the Incident (continued from page 1)

I declare under penalty of perjury, under the laws of the United States of America and §92.525 Florida Statutes, that the foregoing is true and correct.

_____ **Signature and Date**

STATE OF FLORIDA, COUNTY OF _____

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

Personally Known _____ or Produced Identification _____

Type of Identification Produced:

Notary seal and signature
