

City of Beverly

ANIMAL CONTROL SERVICES DEPARTMENT

COMPLAINT FORM

1. **COMPLAINANT INFORMATION**

DATE:

Name:

Street Address:

State:

Zip:

Phone Number:

Cell Number:

2. **LOCATION OF COMPLAINT** _____

Owners Name:

Street Address:

State:

Zip:

Phone Number:

Cell Number:

3. **Describe in detail the nature of the complaint:**

4. **Provide any additional information that might help the investigation:**