



# VILLAGE of RICHFIELD SPRINGS

PO Box 271 Richfield Springs, NY 13439  
315-858-1710 Fax: 315-858-9202

## DOG CONCERN FORM

Dog Control Officer Mark Yerdon – 315-766-7496

Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

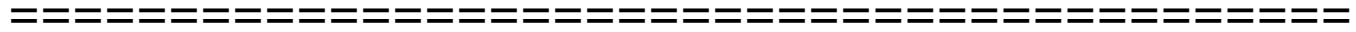
Street Address of Complaint \_\_\_\_\_

Dog Owner (if known) \_\_\_\_\_ Address (if known) \_\_\_\_\_

Description of Dog:

Nature of Complaint (attach photos if obtained)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### *Office Use Only*

20 \_\_\_\_ - \_\_\_\_

Date Received Stamp

Dog Control Officer Action Taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_