



DECLARATION OF PROBABLE CAUSE

Complainant must fill in all lines.

Complaint Type: _____

Description of Dog(s): _____

Owner of Dog(s): _____

Address/City/State/Zip: _____

Phone Number: _____

Location of Incident: _____

Time and Date of Incidents:

1. _____

2. _____

3. _____

Complainant Name: _____

Complainant Address/City/State/Zip: _____

Complainant Phone Number: _____

Circumstances supporting probable cause: Complainant must state specific dates and times of the dog violation. Begin your narrative with "I saw..." Explain how you are able to identify the dog.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Complaint Signature: _____

Date and Place of Signature: _____

Animal Control Officer/PSN: _____