City of
South Milwaukee

Dangerous/Vicious Dog Statement

Complainant's Name: (print) _____

Address, City, Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Email: _____

Information on the Owner/Animal

Animal Description: _____

Owner's Name: _____

Owner's Address: _____

Phone Number: _____

Summary of Events: I respectfully submit the following sworn statement:

Signature: _____ Date: _____