



City of St. Francis



Dangerous/Vicious Dog Statement

This sworn statement document must be filed in person at the South Milwaukee Health Department and notarized before the investigation can begin. Anonymous statements cannot be accepted.

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: _____

State of Wisconsin

County of Milwaukee

This document was signed before me on _____ (date)

by _____ Notary's signature

_____ Notary's expiration date

Notary Seal Placement

