



# 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:

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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*



# City of **St. Francis**



**Summary of Events (cont.):** I respectfully submit the following sworn statement: