



TOWN OF CAZENOVIA • 7 ALBANY STREET • CAZENOVIA • NY 13035 • 315-655-9213

Complaint – Dog Ordinance

Date: _____

Date of Violation _____ Time of Violation _____

PART ONE:

1. Name of owner or owners of dog who complaint is lodged against:

2. Address of owner:

PART TWO:

Grounds for complaint; including any violation of the Code of the Town of Cazenovia Chapter 52 (“Animals”) as follows:

PART THREE:

Town of Cazenovia, County of Madison

_____ being duly sworn, says that he/she

is the complainant and hereby petitions the Dog Control Officer of the Town of Cazenovia to review said complaint, pursuant to Chapter 52 of the Town of Cazenovia Town Code.

Signature

Address

City, State, Zip Code