



City of
Lakewood

Lakewood Animal Control
and Enforcement
9401 Lakewood Drive SW
Lakewood, WA 98499
(253) 830-5010

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LAKEWOOD
DUPONT
STEILACOOM
OTHER:

STATEMENT

Complaint #: _____ Today's Date: _____

Name of Reporting Party: _____ Date of Birth _____

Phone #: _____ Message/Cell Phone: _____

Current Address: _____

City: _____ Zip Code: _____

Date/Time of Incident: _____ Name of Animal Owner: _____

Address of Animal Owner: _____

Animal Description: _____

Animal Name: _____

The Officer will give this statement to anyone who wants to complain about an animal problem. Your statement must include: date and time of incident; location; description of dog(s); what you saw; and name and address of other dog owner, if known.

I, _____, do hereby give the following statement to Lakewood Animal Rescue and Enforcement, as an aid to investigation. All facts contained herein are true to the best of my knowledge and belief.

Attach additional pages if necessary

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

Signature

Date and Place

