



CITATION NUMBER(S): \_\_\_\_\_ COMPLAINT No. 05- \_\_\_\_\_

Have you had any previous contact or problems with this/these dog(s)? No  Yes

If YES, please explain:


<u>STATUS (Office Use Only)</u> <input type="checkbox"/> AFFIRMED <input type="checkbox"/> DISMISSED
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STATE OF OREGON            )  
  ) ss.  
County of Klamath            )

I, being first duly sworn, state that: I request that a citation be served in this matter. I am prepared to testify in Court if necessary. I accept full responsibility for the validity of this complaint and understand that in accordance with Klamath County Code 403.540(4) if I knowingly falsify information on this form I could be assessed a penalty of up to \$500.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Complainant

SUBSCRIBED and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public for Oregon  
My Commission expires: \_\_\_\_\_