CITY OF LONG BEACH

DEPARTMENT OF PARKS, RECREATION AND MARINE

7700 E. Spring St. • Long Beach, CA 90815 • (562) 570-7387 • FAX (562) 570-3053

Animal Care Services Bureau

TOO MANY

PETITION TO DECLARE WITNESS OF A VIOLATION(S) OF TITLE 6 OF THE LONG BEACH MUNICIPAL CODE

- O DOG NOISE PROHIBITED LBMC 6.16.110
- O DOG LEASH REQUIRED LBMC 6.16.100 A.
- O DEFECATION REMOVAL REQUIRED LBMC 6.16.200

Person Responsible Name:_____

Person Responsible Address:_____

Address where dog(s) is/are kept if different than above: _____

_____

Description of the dog(s):_____

Describe the violation:_____

_____

_____

_____

_____

IMPORTANT: Each person(s) signing this petition MUST live in a separate household within the area to have direct knowledge of and be a witness to the violation(s) listed above and must personally complete the attached Complaint Investigation Report. A minimum of two additional petitioners is required for the violation(s) to be submitted to the City Prosecutor/District Attorney for criminal processing.

*We the undersigned, **declare under penalty of perjury**, and certify that the above statements are true and correct, and if requested are willing to appear and testify in the matter regarding the above described violation(s).*

Date	Name (Print)	Signature	Address	Phone #

Office Use only:

Activity #:_____Date Received: _____BY:_____

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COMPLAINT INVESTIGATION REPORT

(For: Noise, Off-Leash, Defecation)

Date: ___/___/___

Petitioner Full Name: _____ Phone: ____ _____

Petitioner Home Address: _____

Person Responsible (Animal Owner) Home Address _____

Are you currently being bothered by any of the following (mark all that apply)?

Barking ___ Howling ___ Whining ___ Defecation ____ Off-Leash ____

Description of Animal(s):(ex: color, size, breed, sex, name, coat type etc)_____

_____

When was the last time and date you were disturbed?

Date of most recent occurance: ⟶ _____/_____/_____

Time of Most Recent Occurrence: ⟶ _____ **(AM/PM)**

Comments: _____

_____

Have you ever spoken to the PERSON RESPONSIBLE regarding your complaint? (YES / NO)

If you have spoken to the PERSON RESPONSIBLE, what was the date: **Date: ___/___/___**

Was there a sign of improvement? **(YES / NO)**

Comments: _____

_____

I, the undersigned, **declare under penalty of perjury**, and certify that the above statements are true and correct and declare the disturbance severe enough that I am willing to appear in a court of law and/or administrative hearing and testify as a witness and explain how I am being disturbed?

Yes, I will appear and testify if needed: (Signature): _____

No, I will not appear for the following reason(s): _____

_____

Signature: _____

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