



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

PETITION TO DECLARE WITNESS OF A VIOLATION(S) OF TITLE 8 OF THE CERRITOS MUNICIPAL CODE & TITLE 10 OF THE LOS ANGELES COUNTY CODE

- DOG LEASH REQUIRED LACC 10.32.010
- DEFECATION REMOVAL REQUIRED LACC 10.40.060
- * NOISY ANIMALS 8.12.010 & 813.020 –Enforced by Cerritos Code Enforcement.

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 Affidavit 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.

- Information must be legible and all forms must be complete.

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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AFFIDAVIT REPORT (For: Noise, Off-Leash, Defecation)

Date: ___/___/___

Petitioner Full Name: _____ Phone: _____

Petitioner Home Address: _____ * Email _____

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 occurrence: _____ / _____ / _____

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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