PETITION TO DECLARE WITNESS OF A VIOLATION(S) OF TITLE 6 OF THE LOS ALAMITOS MUNICIPAL CODE

- DOG NOISE PROHIBITED LAMC 6.16.110
- DOG LEASH REQUIRED LAMC 6.16.100 A.
- DEFECATION REMOVAL REQUIRED LAMC 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: ________________________________

We the undersigned, declare under penalty of perjury, and certify that the above statements are true and correct.

Date | Name (Print) | Signature | Address | Phone #
-----|--------------|-----------|---------|---------

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.

- Information must be legible and all form must complete.

Office Use only:
Activity #: ________________________________ Date Received: ________________________________ BY: ________________________________
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: ____________________________

Office Use only:
Activity #: ____________________________ Date Received: ____________________________ BY: ____________________________
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: ____________________________________________

Office Use only:  
Activity #: ____________________________  Date Received: ____________________________  BY: __________
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: ____________________________________________

Office Use only:
Activity #: ________________________ Date Received: ____________________ BY: ________________