



# 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 6 OF THE LONG BEACH MUNICIPAL CODE

- DOG NOISE PROHIBITED LBMC 6.16.110
- DOG LEASH REQUIRED LBMC 6.16.100 A.
- DEFECATION REMOVAL REQUIRED LBMC 6.16.200
- DOGS PROHIBITED ON BEACH LBMC 6.16.090

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.

- 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.*

Date	Name (Print)	Signature	Address	Phone #

**Office Use only:**

Activity #: \_\_\_\_\_ Date Received: \_\_\_\_\_ BY: \_\_\_\_\_



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## AFFIDAVIT REPORT

(For: Noise, Off-Leash, Defecation, Beach)

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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