

OXNARD ANIMAL SAFETY DEPARTMENT

Nuisance Animal Preliminary Complaint Form

REPORTING PARTY INFORMATION

Name: _____ Telephone: _____ / _____
First Last Daytime Evening

Mailing Address: _____ City: _____ Zip: _____

Street Address: _____ City: _____ Zip: _____
(If different from mailing address)

COMPLAINT INFORMATION

Animal Description(s): _____

Briefly Describe Nuisance Behavior(s): _____

Animal Owner's Name: _____ Telephone: _____

Owner's Address: _____ City: _____ Zip: _____

Have you contacted the animal owner about the problem? Yes No When? _____

What happened? _____

If no contact, why? _____

Co-complainant name(s) and phone number(s):

Name: _____ Telephone: _____ / _____
First Last Daytime Evening

Name: _____ Telephone: _____ / _____
First Last Daytime Evening



Print and Mail or Fax to:

Oxnard Animal Safety Department

214 South C Street, Oxnard, CA 93030

Fax # : (805) 385-7312 ♦ Phone # : (805) 385-7640