

RECORD OF BARKING DOGS

Record of Barking Dog : _____
Address of Barking Dog: _____

DCO Number: _____

Customers Name: _____
Address: _____
Phone: _____

When did you speak to owner of barking dog? Date: _____ Time: _____

Name of person you spoke to: _____

Comments:

DATE	TIME START	TIME END	Type of Noise	Impact

PLEASE RETURN THIS FORM BY (Date) _____

I _____ declare that the information recorded above is a true and accurate account and I am aware that this information could be produced as evidence at a hearing or in a court of law, and I may be required to give evidence in this regard.

Signature: _____

Customer has substantiated barking by sighting offending dog

Yes	No

Tick applicable box