LAKE LIMERICK COUNTRY CLUB, INC.
ANIMAL CONTROL COMPLAINT FORM

Date of incident_____

Your Name_____
Address_____Phone_____

Name of Owner of animal_____
Address:_____Div/Lot_____

Description of Animal Control Problem:
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Animal Description:_____

Date of investigation_____
Action taken: CALLED Spoke with _____ left message _____
Call returned_____ POSTCARD sent _____
Person spoke with_____
Findings_____
_____
_____
_____

Action taken after investigation:
_____
_____
_____

Follow-up:
_____
_____
_____
_____
_____

Hearing requested: _____

Results:
_____
_____
_____