

Borough Of Queenscliffe

Barking Dog/s Complaint

Barking Dog Details:		
Dog Description (colour &	Breed):	
Address of Barking dog/s:		
Neighbour Communicat	ion:	
problem? Yes No	· · · · · · · · · · · · · · · · · · ·	Inication? (eg. Owner was lem had heated discussion)
Your Details:		
Address:		
Phone (Home):	(BH):	·
Declaration:	r.	
in the attached diaries. I/v the barking does not stop.	entioned dog/s have created an unreasona we request the Borough of Queenscliffe to . I/we will give full information to the Boro ourt to give evidence as a witness to the tru	institute proceedings if ough as to this matter
	Day Of ⁻	20
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DIARY TO BE FILLED OUT IN 14 CONSECUTIVE DAYS & RETURNED WITH BARKING DOG COMPLAINT FORM WITHIN 28 DAYS OF COMPLAINT BEING MADE

Complainants Name & Address:

Address of Barking Dog/s:

S O											
EFFECT NOISE IS HAVING ON YOU	Woke me up										
WHERE HEARD eg. Bedroom, Lounge, Backyard etc	Bedroom		-				•				
DESCRIPTION OF NOISE LOUDNESS, PITCH, TONE ETC	High pitched barking										
TIME LAST HEARD Voise)	8:05am				•						
FIRST LAST HEARD HEAR	8:00 AM							-			
DATE	EG. 1/4/14								-		

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EFFECT NOISE IS HAVING ON YOU															
WHERE HEARD eg. Bedroom, Lounge, Backyard etc															
DESCRIPTION OF NOISE LOUDNESS, PITCH, TONE ETC															
TIME LAST HEARD	Voise)											-			
TIME TIME FIRST LAST HEARD HEARD	(Duration of)	,													
DATE															

I declare the above recordings as a true record of matters observed by me and I will appear in Court to give evidence as a witness of the truth of this

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complaint if required to do so by the Borough of Queenscliffe.	Complainants Signature: