Citrus Heights Police Department
Animal Services Divison
6360 Fountain Square Drive
Citrus Heights, CA 95621
(916) 725-7387 (PETS)
www.citrusheights.net

Service Request #: _____

DECLARATION AND PETITION REGARDING CHRONIC NOISE BY AN ANIMAL

EACH OF THE UNDERSIGNED DECLARES AS FOLLOWS

The animal(s) listed below is/are making loud or disturbing noises without provocation, including, but not limited to, chronic howling, yowling, barking, whining or other utterances. This conduct is prohibited by the Citrus Heights Municipal Code, Section 8-44(3).

1. The animal(s) is/are located at: _____

2. I believe the following person owns or has control of the animal(s): _____

_____

3. Each animal(s) is/are described as follows: (general description, type, color, size)

Animal #1: _____   Animal #3: _____

Animal #2: _____   Animal #4: _____

4. I live in the City of Citrus Heights, in the immediate neighborhood where the animal(s) is/are located.

5. I understand that because I contacted Animal Services, a Notice of Complaint will be issued to the owner of the animal(s), directing compliance within seven (7) days.

6. I understand if I choose to continue the investigation process after dog owner has had seven (7) days to comply, I will be required to maintain an "Animal Nuisance Log" for a period of ten (10) days. Please start this log on: _____(date).

I declare under penalty of perjury, under the laws of the State of California, all of the above information is true and correct to the best of my knowledge and that this Declaration and Petition is executed in Citrus Heights, California, on the date indicated below:

Signature: _____   Date: _____

Printed Name: _____   Phone No: _____

Street Address: _____

Signature: _____   Date: _____

Printed Name: _____   Phone No: _____

Street Address: _____

Citrus Heights Police Department
Animal Services Division
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Incident.: _____

Barking Dog Log

Make log entries on consecutive days. Please indicate dates & time of barking incidents and include days when no barking was observed. This log serves as a record of your observations; it will be used to support your testimony at an Administrative Hearing, should one be necessary.   For additional logs, you may make a photocopy of blank log.

When you have completed your log, please sign, date and mail/deliver to:

Citrus Heights Animal Services, 6315 Fountain Square Drive, Citrus Heights, CA 95621.

Address of Animal: _____

Date	Day of Week	Time Start (AM/PM)	Time End (AM/PM)	Remarks	Weather
					❑ Rain ❑ Clear
					❑ Rain ❑ Clear
					❑ Rain ❑ Clear
					❑ Rain ❑ Clear
					❑ Rain ❑ Clear
					❑ Rain ❑ Clear
					❑ Rain ❑ Clear
					❑ Rain ❑ Clear
					❑ Rain ❑ Clear
					❑ Rain ❑ Clear

Make log entries on ten consecutive days and make note if no barking is heard on any of these days.

I certify under penalty of perjury, the above dates, times and remarks documented are true and correct to the best of my knowledge.

_____   _____

Signature   Date

_____   _____

Printed Name   Phone

_____

Street Address   Zip Code

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I certify under penalty of perjury, the above dates, times and remarks documented are true and correct to the best of my knowledge.

_____   _____
Signature   Date

_____   _____
Printed Name   Phone

_____
Street Address   Zip Code

CHAS 12-07 05.18.12 rev 07.15.15