



CITY OF HIGHLAND PARK

Return to Excellence

Arthur Blackwell II
Emergency Financial Manager

DEPARTMENT OF CODE ENFORCEMENT – ANIMAL CONTROL ANIMAL CONTROL COMPLAINT FORM

Date Complaint Taken: _____ Time: _____ am pm Phone In-person

Name of Person Taking Complaint: _____

Please specify complaint reported:

- | | |
|---|--|
| <input type="checkbox"/> Abandoned animals | <input type="checkbox"/> At-large, dogs running loose |
| <input type="checkbox"/> Barking dogs | <input type="checkbox"/> Dog bite [attach dog bite reporting form] |
| <input type="checkbox"/> Illegal/prohibited animals | <input type="checkbox"/> Too many animals |
| <input type="checkbox"/> Unleashed dogs | <input type="checkbox"/> Unsanitary conditions |

Other _____

Has complaint been reported before? No Yes When? _____

Reporting Party's Name: _____

Address: _____ Home #: _____ Cell #: _____

Violator's Name: _____ Address: _____

DL # _____ State: _____ Expiration: _____

Complaint: _____

Check here if complaint continued on reverse side

FORM AC-3

Robert B. Blackwell Municipal Building
12050 Woodward Avenue
Highland Park, Michigan 48203
313-252-0050 ext. 240
313-852-7320 fax

