

STATE OF TEXAS	
COUNTY OF	

CITY OF GRAND PRAIRIE

ANIMAL VIOLATION COMPLAINT AFFIDAVIT

Complainant:			
Name:	Hm. Phone:	Cell. Phone	e:
Address:	City:	State:	Zip Code:
Email:			
Owner of Animal:	<u>.</u>		
Name:	Hm. Phone:	Cell. Phone:	
Address:	City:	State:	Zip Code:
	COMPLAINAN	T AFFIDAVIT	
I am filing a compl	aint concerning: animal at-large	noisy animal	or animal defecation
Number of animal	l(s) involved:	_	
Description of the	animal(s):		
you allege:	concerning how you know that the	-	
necessary. Attach t	he alleged violation including date he barking log for any violations in	n regards to a noise	se additional sheets if



Please continue on back of form, if more space is needed.
Evidence that is in my possession:
I UNDERSTAND THAT PHOTOGRAPHIC, AUDIO, AND/OR VIDEO EVIDENCE MAY BE REQUIRED. I UNDERSTAND AND AGREE TO PROVIDE A COPY OF THE EVIDENCE UPON REQUEST. I ALSO AGREE TO PRESERVE THE EVIDENCE AND PRESENT IT AT TRIAL AS INSTRUCTED(Initial) I UNDERSTAND THAT, IF MY CASE IS ACCEPTED, I WILL HAVE TO APPEAR IN COURT TO SWEAR TO TO
COMPLAINT IN FRONT OF A JUDGE. I ASLO UNDERSTAND THAT I WILL HAVE TO TESTIFY IN COURT THIS CASE GOES TO TRIAL(Initial)
I UNDERSTAND THAT IT IS MY RESPONSIBILTY TO KEEP THE PROSECUTOR'S OFFICE AND ANIMAL SERVICES INFORMED OF MY MOST CURRENT CONTACT INFORMATION, AND THAT THE CASE MAY B DISMISSED IF I AM NOT ABLE TO BE CONTACTED OR IF I DO NOT TIMELY RESPOND TO A REQUEST F CONTACT(Initial)
I UNDERSTAND THAT MY STATEMENT MAY BE USED AGAINST ME AS EVIDENCE IN A CRIMINAL OR CIVIL CASE AGAINST ME. I UNDERSTAND THAT I MAY BE PROSECUTED FOR FILING A FALSE STATEMENT OR REPORT(Initial)
(PLEASE SIGN IN FRONT OF A NOTARY)
I swear that the above information is true and correct to the best of my belief and knowledge.
(Complainant/Affiant)(Date)
On this day, personally appeared before me, the undersigned Notary Public, and after being duly sworn stated the above under oath:
SUBSCRIBED AND SWORN TO BEFORE ME on this the day of,
My Commission Expires:

Notary Public, State of Texas

