

Official Barking Nuisance Complaint Form

Contact Council if you have any specific enquiries regarding how to complete this form. Type of print clearly and select boxes where applicable.

PLEASE PRINT IN BLOCK LETTERS

Applicant Details

Applicant Name

Residential Address

Locality / Town

State

Postcode

Postal Address

Locality / Town

State

Postcode

Phone Number

Mobile Number

Email

It is necessary to supply us with a contact number.

Offenders Details

Details of the person/people committing an alleged offence

Keeper of Animals Name

Address

Locality / Town

State

Postcode

Details of Nuisance

Please put as much information in this section so that Officers can get a clear understanding of the degree of the nuisance.

What time does the barking cause a nuisance the most? (e.g. 4pm – 5pm most afternoons)

How does the barking affect you? (e.g. disrupt you watching television, prevents you holding a conversation)

How long has the nuisance existed?

Has contact been made with the keeper of the animals?

If so, has the keeper taken any action?

Description of Animal Causing the Nuisance

Name of Animal	Breed (Wolfhound, Bull Arab etc.)	Sex	Colour	Distinguishing Features (i.e. white chest)

Witness Details		
The witnesses must be from separate addresses in the vicinity of the nuisance and also be affected by the nuisance. As a witness to this nuisance you must have read the contents of this complaint, and observed the effects of this nuisance from your own address and not the address of the complainant.		
Witness One	Name	
	Address	
	Contact Phone	
	Signature _____ Date / /	
Witness Two	Name	
	Address	
	Contact Phone	
	Signature _____ Date / /	
Declaration		
I acknowledge by virtue of section 110A (5) (c) of the Justices Act 1886 that:		
1. This written statement by me dated ___/___/___ is true to the best of my knowledge and belief; and		
2. I make it knowing that, if it were admitted as evidence, I would be liable to prosecution if I stated in this statement anything that I knew to be false.		
Signature _____ Date / /		
Office use only	Date Received:	Application Checked: YES NO
	Fee (\$):	Taken By:
	Receipt No:	Other:
	FID8208	
<p>PRIVACY COLLECTION NOTICE: THE PERSONAL INFORMATION GATHERED BY COUNCIL ON THIS FORM IS FOR THE PURPOSE OF MAINTAINING COUNCIL'S LICENCE REGISTER AND WILL NOT BE USED FOR ANOTHER PURPOSE OR GIVEN TO ANY OTHER PARTY UNLESS YOU HAVE CONSENTED OR COUNCIL IS REQUIRED OR AUTHORISED BY LAW TO DO SO.</p>		