



VILLAGE of RICHFIELD SPRINGS

Po Box 271 Richfield Springs, NY 13439
315-858-1710 fax: 315-858-9202

DOG CONCERN FORM

Dog Control Officer Mark Yerdon – 315-766-7496

Name _____ Phone _____ Date _____

Street Address of Complaint _____

Dog Owner (if known) _____ Address (if known) _____

Description of Dog:

Nature of Complaint (attach photos if obtained)

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Office Use Only

20__ - ____

Date Received Stamp

Dog Control Officer Action Taken:

Signed _____ Date _____