

CITY OF ARLINGTON ANIMAL NOISE COMPLAINT AFFIDAVIT

Compiamant:	Cell Phone:		
Name:	Hm. Phone:]	Bus. Phone:
Address:	City:	State:	Zip Code:
Owner of Animal:			
Name:	Hm./Cell Phone:		Bus. Phone:
Address:	City:	State:	Zip Code:
Witnesses:			
Name:	Hm. Phone:	Bus. Phone:	
Address:	City:	State:	Zip Code:
	COMPLAINANT AFFIDAY	<u>VIT</u>	
My name is	8 years of age. I am complaining about t	 . I	live at the Arlington address
(PLEASE SIGN IN FRONT (I swear that the above informati	(Continue on back, if neces OF A NOTARY) from is true and correct to the best of my beautiful to the best of the b	•	owledge.
(Co	mplainant/Affiant)		(Date)
	after being duly sworn stated the above		
SUBSCRIBED AND SWORN My Commission Expires:	TO BEFORE ME on this the	_ day of	,
	No	otary Public	in and for the State of Texas