Voluntary Statement

Return to: Lake County Dog Warden, 2600 N. Ridge Rd., Painesville OH 44077-4804   (440) 350-2640

Today's Date: _____   Detail # _____   Date of Incident _____   Time of Incident _____ am/pm

Statement of Occurrence:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ Initial if you are willing to appear in Court regarding this incident to declare this animal dangerous or at large.

By signing this document, I acknowledge the following to be true: I desire to furnish this voluntary statement to the Lake County Dog Warden. No threats or promises have been made to make me give this statement. I have read this statement consisting of _____ page (s), and I certify that the facts contained therein are true and correct to the best to the best of my knowledge.

_____   _____
(Signature of person providing statement)   (Printed Name of person providing statement)

_____   (_____)
(Address of person providing statement)   Phone # of person providing statement