



Animal Complaint Form

Return Completed Form To: Office Use Only

Conejo Recreation and Park District
403 W. Hillcrest Drive
Thousand Oaks, CA 91360
parks@crpd.org
(805) 495-6471 (805) 497-3199 Fax

Case No. _____
Date Received _____

Complaint Information *(please print)*

Declaration By: _____
Driver License No.: _____ State: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Secondary Phone: _____

Date, Time, and Location of Violation *(Required)*

Date of Incident: _____ Time of Incident: _____ am pm
Location of Incident: _____

Description of Animal(s) *(Required)*

Address of Animal(s): _____

Animal #1

Type: _____	Breed: _____	Color: _____
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Age: _____	Size: _____
Miscellaneous: _____		

Animal #2

Type: _____	Breed: _____	Color: _____
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Age: _____	Size: _____
Miscellaneous: _____		

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Description of Incident

I declare under penalty of perjury that to the best of my knowledge, the foregoing statements are true and correct, and if subpoenaed, I will testify in any subsequent judicial proceeding.

Executed on (date) _____, at _____

_____ California

Signature: _____