



Town of Goshen Animal Control
Complaint Form

General Information:

Date: _____ Time: _____AM/PM

Type of Animal(s): _____

Number of Animal(s): _____ Location: _____

Your Information:

Name: _____

Address: _____

Phone: Home: _____ Cell: _____ Work: _____

Email: _____

Incident Description: (if more room is needed attach another sheet of paper)

<p><u>ACO Use Only:</u></p> <p>Date: _____ Time: _____ Officer: _____</p>
