



NUISANCE COMPLAINT FORM

REPORTING PARTY INFORMATION

Last Name:	First Name:	
Street Address:		
City:		Zip:
Home Phone #: ()	Message Phone #: ()	
Address of nuisance animal(s):		
City:	Zip:	
Animal description(s):		
Times of noise disturbances (include a.m. / p.m.):		
ADDITIONAL INFORMATION		
Nuisance animal owner's name:		
Home Phone #: ()	Message Phone #: ()	
Have you attempted to contact the animal's owner?	□ Yes □ No	
When?:		
What happened?:		

Print and mail the Nuisance Complaint Form to:

OC Animal Care Attention: Operations Desk 561 The City Drive South Orange, CA 92868

