Barking Dog Log **Case#**_____

Address of where the barking dog(s) live:_____

Description of dog(s):_____

_____

Date:	Time Barking Begins	Time Barking Ends	Length of Barking in Minutes

Complainant Name:_____

Address:_____

Phone Number Home:_____ Other:_____

Signature (required):_____

(use reverse side if needed)