

## **Municipal Compliance**

BARKING DOG LOG									
NAME (required): PAGE OF ADDRESS OF ALLEGED BARKING DOG (required): DESCRIPTION OF DOG (e.g., breed, colour, size):									
Complainants <u>must</u> be prepared to go to court and provided testimony if required.									
DATE (dd/mm/yy)	START TIME (hr.mm am/pm)	END TIME (hr.mm am/pm)	QUANTITY OF BARKING OBSERVATIONS ***	DOG SEEN? Y/N					

SIGNATURE:			DATE:	

contact Municipal Compliance at 902-490-1791 if you wish to arrange for pickup of the log.

The log may be submitted by fax at 902-490-6142, mail to P.O. Box 1791 Halifax, NS B3J 3A5, or

<sup>\*\*\*</sup> e.g., seconds, minutes, # of barks, how barking affects you, apparent cause of barking, etc.