DOG BARKING RECORD

RE: GRIEVANCE REGARDING BARKING DOG

This Barking Dog Record is in reference to your grievance report to the Town of Olds regarding a barking dog(s). Once completed, this record will be kept on file at the Town of Olds. If further action is required this record may be required when issuing a summons to the dog-owner or dog-caregiver on your behalf. If the file is taken to Court, your appearance in Court will be required to state for the record that this is your testimony.

There are a few important issues to note when completing this package:

- Please take a few moments to review the contents of this package prior to starting.
- Please complete all documents. Provide **exact** information consecutively for 5-7 days each time the dog(s) is barking. Each entry must have the date, start and stop time, exact address of dog(s), and conditions surrounding the dog(s). **Please note: generic answers such as "barking all day," or "dog lives down the road," are not acceptable.**
- You may use additional paper if necessary, initial and attach to the completed document.
- Each page **must** be initialed.
- Upon completion, please call the Municipal Enforcement 24-Hour Complaint Line at 587-796-1193 to start the complaint process. Once the complaint is received the on duty officer will request a completed bark log.
- Packages are to be returned to Municipal Enforcement via email to municipalenforcement@olds.ca, delivered to the Town of Olds Administration Building in person between 8:30 am and 4:30 pm, or mailed to:

Municipal Enforcement
3501 70 Ave
Olds, AB T4H 1R5

There is no guarantee a summons will be issued. The grievance will initially be dealt with at an educational and warning level, based on overall circumstances. The decision to issue a summons will be at the discretion of the Community Peace Officer.

_____ _____

Officer Name Officer Signature

Date given to Complainant _____

OWNER/COMPLAINANT INFORMATION

Complainant Name: _____

Complainant Address: _____

Complainant Phone Number(s): _____

Dog Owner Name (if known): _____

Dog Owner Address: _____

Other Applicable Information: _____

QUESTIONNAIRE (please complete all areas as requested for our investigation)

1. Exact description of dog(s) creating the disturbance and any other dog(s) on the property. Please include name, color, breed, and sex if known

_____
_____
_____
_____
_____
_____
_____

2. Where is (are) the dog(s) located on the property?

_____
_____
_____
_____

3. How does the barking affect you?

_____
_____
_____
_____
_____
_____
_____

INITIAL _____

4. How did you determine which dog(s) is/are barking?

5. What steps have you taken to remedy this situation with the dog owner(s)?

6. Are you prepared to testify on behalf of this statement in a court of law? YES ☐ NO ☐

ADDITIONAL COMMENTS:

***** PLEASE NOTE: No action will be taken by Municipal Enforcement if the complainant is not willing to testify in a court of law on behalf of information in this Dog Barking Record package.***

INITIAL _____

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DATE	START TIME	STOP TIME	REMARKS *(ie: dog in yard/on deck/ at fence etc.)*

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