

# Franklin County Commissioners



## Small Animal Control After Hours Complaint Form

**Date Of Incident:** \_\_\_\_\_

**Complaint Name:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**Time of Occurrence:** \_\_\_\_\_

**Location of Incident:** \_\_\_\_\_

**Description of Incident:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Damages:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Complainant Signature:** \_\_\_\_\_

**SAC Signature:** \_\_\_\_\_

**Commissioners Signature:** \_\_\_\_\_