



# Bulletin

## SUMNER POLICE DEPARTMENT

Bulletin Number: 14-001

Tuesday, January 28, 2014



### Animal Noise Nuisance Affidavit

#### I. OBJECTIVE

To outline the process for handling complaints of animal noise/nuisances.

#### II. PROCEDURES

Complaints of animal noise/nuisance should be investigated.

If the noise/nuisance continues or the reporting party wants immediate action, direct them to fill out the Animal Noise Nuisance Affidavit in its entirety.

The form should be available to citizens in person as well as online at both the City of Sumner's and Metro Animal Services' website.

All forms shall be turned over to Metro Animal Services to be further investigated to ensure appropriate action is taken.



# Metro Animal Services

1200 39<sup>th</sup> Ave SE, Puyallup, WA 98374  
253-299-7387

Serving the cities of Algona, Bonney Lake, Edgewood, Milton, Pacific, Puyallup and Sumner

<b>Official Use Only</b>	
Date Received:	_____
Case #:	_____
Infraction #:	_____

## Animal Noise Nuisance Affidavit

Infractions for animal noise violations may not be issued without being witnessed by an animal control officer or supported by written statements from witnesses. Filling out this affidavit does not create a duty for Metro Animal Services to issue an infraction. When possible, statements from multiple witnesses who reside in separate residences within the same community or neighborhood should be submitted. Doing so builds a stronger case to support the issuance of an infraction(s).

**Note: Each witness must fill out a separate affidavit.**

### Animal and Owner Information

Address (REQUIRED):		City:	
Name:		Phone #:	
Animal Type: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> _____	Breed:	Name:	Color:

**Fill in all dates and times of specific episodes only. DO NOT WRITE "ALL DAY LONG" or "ALL THE TIME"**

Date	Time Noise Started	Time Noise Stopped	Notes
	AM/PM	AM/PM	
	AM/PM	AM/PM	
	AM/PM	AM/PM	
	AM/PM	AM/PM	
	AM/PM	AM/PM	
	AM/PM	AM/PM	

Please describe how the noise impacted your daily life (attach extra pages if necessary):

### Witness Information

Legal Name (Last, First Middle Initial)		Date of Birth:
Address:	Phone #:	Alternate Phone #:

This affidavit requesting public service is subject to public disclosure under the Public Records Act (RCW 42.56). Anyone can request the release of the documents containing your name and contact information. However, information revealing the identity of persons who are witnesses to crimes or who file complaints with investigative agencies can be withheld from disclosure pursuant to RCW 42.56.240 if they believe the disclosure would endanger their life, physical safety or property. **Be advised, if a court case is filed as a result of this complaint, your name and contact information may be disclosed regardless of your request to keep the information confidential.**

I hereby certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing and/or attached are true and correct to the best of my knowledge and belief (knowingly making false statements may lead to your prosecution).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_