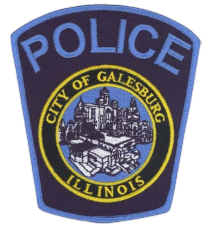




GALESBURG POLICE DEPARTMENT

Operating Under Council – Manager Government Since 1957



Dangerous Dog Investigation Request

The information you provide on this form should be as detailed and accurate as possible. If you must use an approximation (example: time of day) please indicate it is an approximation. This is a sworn statement and the information will be used in the investigation of the incident. Please print or type.

Name (Last, first, middle initial)

Date

Street address

Phone number (primary/other)

City, state, zip code

Email address

Date of incident

Time of day

Address where incident occurred

Address of dog owner (if known)

Were you aware there was a dog at this address?

Was the dog in the house or outside?

Was the dog running loose? Explain.

Did the dog leave its property?

Have you had any previous problems with this dog? Explain.

How far away were you when you first saw the dog?

What was the dog doing when you approached?

Did you see or hear any other people around the dog? Explain.

[illegible]

Sworn to on the date state below.

Date

For Administrative Use Only:

Received by (Last name, first name)	Date received
Action taken/decision	Date
Action taken/decision	Date
Action taken/decision	Date
Action taken/decision	Date