

Department of Public Health

Dottie-Kay Bowersox, MSA
Public Health Administrator

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Website: www.cityofracine.org/Health
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Environmental Health Division
262-636-9203
Community Health Division
262-636-9431
Laboratory Division
262-636-9571

ANIMAL NUISANCE COMPLAINT FORM

Check One:

- Barking Dog/Crying Cat Vicious Animal Animal at Large Other

We, the undersigned, being unrelated adult residents of the City of Racine, Wisconsin, do hereby make and file this complaint with the City of Racine Public Health Department that the (dog) (cat) (other), hereafter described is a nuisance in violation of Sec. 10 of the City of Racine Municipal Code as follows:

1. Specific nature of complaint:

2. Description of animal:

3. Name and Location:

4. Date first reported to Public Health, Police Dept. or other persons designated by the City of Racine:

5. Names and addresses of complainants:
 - a. Name:
Address:
 - b. Name:
Address:

The above-named complainants, first being duly sworn on oath each for himself, states that he is a complainant referred to above, that has read the foregoing complaint and knows the contents thereof, that the same is true to his own knowledge, except as to those matters therein stated on information and belief, that he had received a copy of the ordinance under which this complaint is made, and that he is willing to appear in Court to give testimony regarding this matter.

Signatures X _____

Signatures X _____

Subscribed and sworn to before me
This ____ day of _____, _____,

Notary Public, Racine County, WI
My Commission (expires): _____