

MINNEAPOLIS DEPARTMENT OF HEALTH AND FAMILY SUPPORT - ANIMAL CONTROL SECTION
ALLEGED VIOLATION OF ANIMAL CONTROL ORDINANCE

CASE CONTROL NUMBER (CCN):

DEFENDANT NAME:	DATE OF BIRTH:	TAG NUMBER:
ADDRESS:	DL/ID NUMBER (STATE, TYPE):	
DESCRIPTION OF ANIMAL(S):		
ORDINANCE CHAPTER AND SECTION: <input type="checkbox"/> NO LICENSE (§4.10) <input type="checkbox"/> LEASHING (§4.50A) <input type="checkbox"/> OTHER:		
DATE OF VIOLATION:	APPROXIMATE TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM	LOCATION OF OCCURRENCE:

EXPLANATION OF VIOLATION

NAME OF WITNESS:	ADDRESS OF WITNESS:
NAME OF WITNESS:	ADDRESS OF WITNESS:

NAME OF ANIMAL WARDEN/OFFICER:	BADGE NUMBER:
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HOW VIOLATION FOUND/RECEIVED: <input type="checkbox"/> ON PATROL <input type="checkbox"/> VIA DISPATCHER <input type="checkbox"/> FROM CITIZEN <input type="checkbox"/> FROM ANIMAL CONTROL OFFICER <input type="checkbox"/> OTHER:
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