

Section 47 (2) Dog Control Act 2000

COMPLAINANTS DETA	COMPLAINANTS DETAILS					
Full Name:						
Address:						
Phone:		Date:				
Email						
	I consent to receiving commu	□ I consent to receiving communications about this matter in electronic form. (please tick)				

DOG DETAILS	
Owner details	
(if known)	
Address of dog/s	
Description of dog/s	
(including breed if	
known)	

COMPLAINT DETAILS - Describe the problem and include as much detail as possible, such as dates and times.

l satisfied that the alle	tisfied that the allegation is justified, institute proceedings if the nuisance does not stop.					
I declare that the	I declare that the information I have provided is true and correct					
Name:	Signature:		Date:			
Office Use Only						
Date Rcd:	Rcd By:					

Privacy Statement

1. Council is committed to upholding your right to privacy. **2.** Personal information collected by Burnie City Council is used in the provision of services. **3.** Information collected will be retained confidentially and disposed of in accordance with requirements of the Personal Information Protection Act 2004. **4.** You have the right to access your own personal information on request.



Burnie City Council PO Box 973, Burnie TAS 7320 P 03 6430 5700 E burnie@burnie.tas.gov.au ABN:29 846 979 690

(Please be advised that all information recorded on this document

is admissible as evidence and may be used in court proceedings.)

NAME AND ADDRESS OF COMPLAINANT	ADDRESS OF ALLEGED NUISANCE

Date		ime Finish	Type of Barking	Initials	Briefly explain how alleged nuisance affects you
Eg	Start	Finish			
17/9/20	9.00am	9.10am	Intermittent yapping	JC	Disturbed me from study

Name:	Signature:	Date:
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Name: Signature: Date:



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Please note:

- (1) Please be aware that issues need to be dealt with in order of priority.
- (2) Should legal action be necessary, you may be required to give evidence in Court.
- (3) Should you require further information, please contact Council's Municipal Inspector.
- (4) Should this form not be returned after the 14 day monitoring period, it will be assumed you do not wish to pursue this matter.

Name:	Signature:	Date:

Please return completed form to: Burnie City Council PO Box 973 BURNIE TAS 7320