

## NIAGARA REGION ANIMAL SERVICES BY-LAW ENFORCEMENT FORM

Dear resident, in order to assist prosecution under the City's Noise By-Law, please review and fill out the following information in connection with your complaint. Please ensure that the information you provide is completely accurate and to the best of your knowledge, as you may be called upon to testify under oath.

**St. Catharines By-law 95-198, as amended, excerpt:** The following noises... likely to disturb... The persistent barking, calling or whining or any similar persistent noise caused by a domestic animal.

You must clearly answer the following questions and check the appropriate boxes (if you do not know the answer, indicate that you do not know): Please print clearly.

	er, marcate that you do not know	T. Floudo print clourly.		
	Are you willing to testify in Court What address does the animal in	in connection with your complaint? YE question live at?	S/ NO , St. Catharines.	
	What address does the animal in question live at?, St. Catharines.  Have you personally seen the animal while it was causing the noise? YES / NO  What breed of animal is it? Name of the animal?			
	To your knowledge, who is the owner of the animal? How do you know that this person is the owner of the animal?			
	Any other animal causing persiste	ent noise in your neighborhood? YES lain	_ / NO	
	tablish a <u>persistent</u> noise caused l FILL OUT INFORMATION YOU (	by the animal, please fill out the followin DBSERVED PERSONALLY: Use additional pages if necessary		
#	Date (MMM-DD-YYYY)	Time noise started (AM /PM)	Time noise stopped (AM/PM)	
1				
2				
3				
4				
5				
6				
7				
Your i	nformation will remain confidential;	however, your identity will be revealed ess. If you have filed a previous complai	to the accused if this matter goes to	
		ed, NRAS will review the information yo		
be laid	d. Other witnesses may fill out this	form as well. It is important for each wit	ness to fill out an independent record	
of the	persistent noise. You may email yo	our completed form to: <a href="mailto:contact@nras.ca">contact@nras.ca</a>	<u>1</u>	
	YOUR NAME (print):			
	YOUR ADDRESS (print):			
	YOUR PHONE# (print):	E-MAIL(print):		
	eby undersign that all of the infor ledge, and I am willing to testify	mation contained herein is provided in Court, under oath, if required.	by me, is the truth to the best of my	
	Signed:	Date:		

If you have any questions about this form, contact Kevin Strooband, President at Niagara Region Animal Services, 160 Fourth Avenue, St. Catharines, ON L2S 0B6, (905) 682-0767 extension 508.

Personal information on this form is collected under the authority of the Municipal Act. S.O. 2001, and will be used for By-Law enforcement purposes. Questions regarding this collection of personal information may be directed to the City Clerk, City of St. Catharines, P.O. Box 3012, 50 Church Street, St. Catharines, ON L2R 7C2, (905) 688-5601 extension 1506.