## **Noise Complaint Petition Form**



21615 64<sup>th</sup> Ave. S. Kent, WA 98032 **206-296-PETS (7387)** TTY Relay 711 Fax 206-205-8043 pets@kingcounty.gov

C #	Staff Use	
Case #	ONLY	

The following steps should be met prior to taking enforcement action against a pet owner for an excessive animal noise complaint. All complainants listed below should be willing to appear at a hearing if necessary.

This is not an enforcement action. An enforcement action will not be served until this petition is filed with Regional Animal Services of King County and a determination is made.

		Ste	p 1 - Complainar	nts	
List additio	nal complainants d	on a separate shee	t if necessary.		
Name				Phone	
Address				Α	part/Unit #
City				Zip	•
Name				Phone	
Address				Δ	part/Unit #
City				Zip	•
Name				Phone	
Address				Α	part/Unit #
City				Zip	
			<b>Pet Owner Infor</b>	IIIatioii	
=	nts must be able to s) creating the dist	personally identi			retaker. Identify the <b>owner</b>
=		personally identi			retaker. Identify the <b>owner</b>
of the pet(s		personally identi		nd its owner or ca	retaker. Identify the <b>owner</b> part/Unit #
of the pet(s		personally identi		nd its owner or ca	
of the pet(s Name Address	pet(s)	personally identi		nd its owner or ca Phone	
of the pet(s  Name  Address  City  Location of	pet(s)	o personally identification	fy both the pet a	Phone Zip	
of the pet(s  Name  Address  City  Location of	pet(s)	o personally identification		Phone Zip	
of the pet(s  Name  Address  City  Location of	pet(s)	o personally identification	fy both the pet a	Phone Zip	
of the pet(s  Name  Address  City  Location of	pet(s)	o personally identification	fy both the pet a	Phone Zip	part/Unit #
of the pet(s  Name  Address  City  Location of	pet(s)	o personally identification	fy both the pet a	Phone Zip	part/Unit #

			Si	en 4 – Tim	ne and Dat	e of Disturb	nances				
Attach a	ın addı	itional sh	eet if necessa	•	ic and bat	e or Distur	Jances				
Date			From		AM	PM	То		AM	PM	
Date			From		AM	PM	То		AM	PM	
Date			From		AM	PM	То		AM	PM	
				Ston F	Notice/s)	to Dot Own			•		
ttach ac	ddition	al sheet(s)	listing further			to Pet Owr	ier				
Contac Name of		Date			Time				AM	PM	
Making ( Nature o	Contact										
Pet Own											
Conton	. 42	Data			Time				A B 4	DN4	
Contact #2 Date  Name of Complainant  Making Contact			Time				AM	PM			
Nature o Pet Own											
ret Own	ei nesp	onse									
When complete, send this form to RASKC choosing one option:				<b>Option 1: Mail</b> Regional Animal Services of King County (RASKC) 21615 64 <sup>th</sup> Ave. S. Kent, WA 98032							
				Option	<b>2: Fax</b> to:	206-205-80	043				
				Option	n 3: Email :	Scan and en	nail to: <u>pet</u>	:s@kingco	ounty.gov		
his info	ormatio	on is true	and accurate	to the bes	t of my kn	owledge.					
Signatu						<u> </u>					
- 10.10.00	-	If ti	If this is submitted as an electronic copy, full name needs to be provided in the signatu						ıre area.		
Print Fu	ıll Nan	ne					Da	ate			