Dangerous Dog Complaint Form
City of Callaway

Name: _____ Date of Incident: _____

Address: _____ Time of Incident: _____

_____

Location of Incident: _____

Complaint:

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Attach additional pages if needed.

I, _____have read each page of this complaint consisting of _____page(s), each of which bears my signature, and corrections, if any, bear my initials, and I swear under oath that the facts contained in the complaint are true and correct.

Dated at _____am or pm of this _____day of _____, 20___

Signature: _____

Witness: _____

Please return this form to City of Callaway, PO Box 116 Callaway, MN 56521or the utility payment drop box. callaway@arvig.net

2022