Lauderdale County Animal Control Animal Complaint Form

Office (601)485-1956 Fax (601)485-1849 Monday-Friday 8AM-5PM; Closed 12PM-1PM rrockette@lauderdalecounty.org

Complainant Information –Form MUST be COMPLETED to be processed.

Legal Name				
Address				
Give a brief des	scription of the	violation. <mark>It <i>MUST includ</i></mark>	e date incident occurred	<mark>l, location</mark>
incident occuri	red and a descri	iption of the animal(s).		
		Owner's Information (if	· Irnawa)	
Name		Owner's Information (ii	,	
	•••••	Office Use Only		
Remarks_		Office Ose Omy		
Date_	Time	Responding officer((s)	