



*Town of Greenwood
4207 Bryan Street
P.O. Drawer 9
Greenwood, FL 32443*

ANIMAL COMPLAINT FORM

DATE: _____

NAME: _____

ADDRESS: _____

COMPLAINT: _____

CAT OR DOG (CIRCLE ONE) TYPE _____ COLOR _____

COLLAR: YES OR NO (CIRCLE ONE)

IF YES, OWNERS NAME: _____

TOWN EMPLOYEE

ANIMAL CONTROL

Below to be filled out by Town employee handling complaint:

Action Taken: _____

Comments: _____
