St. Regis Mohawk Tribe
ANIMAL CONTROL
412 State Route 37 Akwesasne, New York 13655
Phone: 518-358-2272 x 287 Fax: 518-358-3179

FORMAL COMPLAINT - PUBLIC NUISANCE

Case No.: _______________

The below animal (s) is/are causing a public nuisance in accordance with Section 3. Owner Responsibilities and Offenses, of the SRMT Animal Control Ordinance.

Reporting party’s name: __________________________________________________________
Address: _____________________________________________________________________

Phone number: ___________________________ Cell phone number: __________________

1. The animal is/are located at:
______________________________________________________________________

2. I believe the following person owns or has control of the animal(s):
______________________________________________________________________

3. Each animal is/are describes as follows: (name, color, size, sex, markings, etc.)
   Animal #1: _____________________________________________________________
   Animal #2: _____________________________________________________________
   Animal #3: _____________________________________________________________

4. I live in the immediate neighborhood where the animal(s) is/are located.

5. I understand that this formal complaint submitted may result in one or more citations being issued to the owner of the animal(s).

Detailed description including date(s), time(s), location of violation, and phone numbers of witnesses. Attach additional pages if needed. Return completed form to ACO.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Signature: _______________________________ Date: ___________________________