AFFIDAVIT

ALACHUA COUNTY ANIMAL SERVICES
3400 NE 53RD AVE.
GAINESVILLE, FL 32609
(352) 264-6870
FAX (352) 955-2542

CITATION # _____

ACTIVITY # _____

DATE _____, 20_____

Person Making Statement _____
Last Name First Name MI Buisness/Cell Phone Home Phone

Address _____
City State Zip

Defendant _____
Last Name First Name City State Zip

Date **YOU** observed the offense(s) _____ Time **YOU** observed the offense(s) _____

Location that **YOU** observed the offense(s) _____

BREED OF ANIMAL	COLOR	MALE	FEMALE

I, _____, do hereby VOLUNTARILY make the following statement, without threat, coercion, offer of benefit or favor by any persons whomsoever:

Please attach additional pages as necessary.

Notary Stamp

Sworn to and Subscribed before me this _____

of _____ 20 _____

Signature _____

My Commission expires _____

I swear or affirm that the statements contained herein are true and correct to the best of my knowledge and belief.

Signature _____ Date _____

White - Office Copy Yellow - Complainant Copy