



Town of Bolton
3045 Theodore Roosevelt Highway
Bolton VT 05676
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OFFICIAL ANIMAL COMPLAINT FORM

Today's Date:
Date of Incident:
Person Lodging Complaint:
Address:
Phone:
Place of Incident:
Animal:
Owner:
Address:
Phone:

Reported to:
Date:

Reported to:
Date:

Summary of Incident:

Animal Control Officer's Notes:

Amy Grover, Town Clerk

A copy of this report was provided to:

Date: _____