



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 Filing Complaint: _____

Address: _____

Phone: _____

Incident Location: _____

Animal/s: _____

Owner: _____

Address: _____

Phone: _____

Incident Reported to: _____

Date: _____

Summary of Incident:

Animal Control Officer's Notes:

Amy Grover, Town Clerk

A copy of this report was provided to:

_____ Date: _____