

TOWN OF SAGUACHE
P.O. BOX 417
SAGUACHE, COLORADO 81149
Phone (719) 655-2232
Fax (719) 655- 2699

Complaint's Name: _____	Complaint Taken 1. In Person 2. By Phone 3. Via Letter	File Number: _____
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Complaint's Address: _____

Street/ P.O. Box _____ Phone No. _____

City _____	State _____	Zip Code _____
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Defendant's Name (if known) _____	Defendant's Address (if known) _____
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Nature of Complaint: (Please give complete details)

Description (if applicable)

- Breed _____
- Color _____
- Name (if known) _____
- Dog Tags ☐ Yes ☐ No

Location of Incident: _____

Date of Incident: _____ Time of Incident: _____

Complainant's Signature: _____ Date: _____

Town Official's Signature: _____ Date: _____

- [] Original to be filed in Town Hall
- [] Copy to Defendant
- [] Copy to Complainant