

## DOG BARKING INVESTIGATION - DIARY RECORD

*Complainant:*

**Telephone No:** ..... **Mobile Telephone No:** .....

**Fax:** .....

*Owner and Address of Dog(s) (if known):*

Please keep a record for two (2) weeks of the date, time and duration of when the problem dog(s) bark. At the conclusion of the two week period, please sign where indicated and return to the Council Office.

*This is a true and correct declaration of events as described on the following pages.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Full Name*

\_\_\_\_\_  
*Date*







