WITNESS FORM
Humane Society of Cowlitz County
Animal Control Division

This document must be completed in full, signed, and returned to the Humane Society of Cowlitz County. This is needed to allow an animal owner to be summoned into court by the prosecutor.

(PLEASE PRINT ALL DETAILS WHEN FILLING OUT THIS FORM)

Complainant's Name: _____
(Your Name)

Address: _____
(Your Address)

Your Contact Telephone:

Home: _____ **Work:** _____ **Cell:** _____

Name of Animal Owner (if known): _____
(Color and Breed of Animal/s)

Briefly describe what you know:

_____

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Are you prepared to testify in court? **YES / NO**

This is NOT the formal summons to court. The formal summons cannot be served until these steps are completed.

I, the undersigned, wish to lodge a formal complaint with the Human Society of Cowlitz County in relation to the animal/s described above. I hereby declare under penalty of perjury that the information on this complaint is correct.

Signature of Complainant: _____Date: _____

Mail your completed / signed form and data log to: Humane Society of Cowlitz County
Animal Control Division
P.O. Box 172 – 909 Columbia Blvd.
Longview, WA 98632