



Animal Complaint
715 Railroad Street, Downs, KS 67437
(785) 454-6622; fax (785) 454-6246
cityclerk@cityofdowns.com

Name of Complainant: _____

Address of Complainant: _____

Phone Number: _____

Name of Animal Owner: _____

Name of Animal (if known): _____

Description of Animal: _____

Date of Incident: _____

Complaint (turned over trash, animal neglect, stench, noise, attack):

Signature of Complainant

Date filed

Office Use:

Date Received: _____

Person who received Complaint: _____

*Give copy to complainant before passing along to City Attorney