Township of Langley

Est. 1873

Barking Dog Log

1 Contact Information

Complainant's name:	
Address:	Phone:
Address/location of dog(s):	
Description of dog(s):	
What action have you taken to resolve this problem?	

2 Record of Barking

Date	**Record time**		**Record frequency of barking** (check one)		
	barking starts	barking stops	occasional	frequent	continuous

I acknowlede that all notations are factual and solely representative of my own observations. _____

Signature

Return completed form to:

Langley Animal Control Services Ph. 604.857.5055 Fx. 604.857.5057 26220 – 56 Avenue, Langley, BC V4W 1J7 lapsbc.ca tol.ca

Any personal information collected on this form will be managed in accordance with the *Freedom of Information and Protection of Privacy Act*.
Direct enquiries, questions, or concerns regarding the collection, use, disclosure, or safeguarding of personal information associated with this form to:
Freedom of Information and Protection of Privacy Coordinator, Township of Langley, 20338 – 65 Avenue, Langley, BC V2Y 3J1 604.533.6004

LAC10-488

Office use only

Date received:	Assigned to:	Comments:	Date: