

## **COUNTY OF SAN LUIS OBISPO DIVISION OF ANIMAL SERVICES**

## **WITNESS STATEMENT**



REPORTING PARTY INFORMATION						
Name						
Address		City		State		Zip
Home Phone	Mobile Phone			Work Phone		
INCIDENT INFORMATION						
Please be as thorough as possible in your description. If Known, include exact addresses, names and detailed descriptions of animals, names and addresses of other parties involved and witnesses, etc.).						
Incident Date Incident Time		of Incident				
	AM PM A	gressive Animal	Neglect / Ab	use 🗌 Othe	r	
Location of Incident (provide exact address if known)						
Details						
					(Attach	additional pages if necessary)
AFFIRMATION						
I hereby affirm, under penalty of perjury under the laws of the state of California, that the information and statement provided above are true and accurate. I further certify that this statement is made freely and voluntarily and without threat or promise of any kind.						
Signature	Date					