

# COMPLAINT NUISANCE CREATED BY DOG

DOG CONTROL ACT 2000 SECTION 47 (2) (A)

Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## DETAILS OF NUISANCE

Description of Dog: \_\_\_\_\_

\_\_\_\_\_

Owner of Dog:  
(If known) \_\_\_\_\_

Address Dog Resides: \_\_\_\_\_

Dog has created a nuisance by:

\_\_\_\_\_

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### RETURN COMPLETED FORMS TO:

Planning & Compliance Department  
P: (03) 6471 4700  
E: [wcc@westcoast.tas.gov.au](mailto:wcc@westcoast.tas.gov.au)  
PO BOX 63 Queenstown TAS 7467  
11 Sticht Street Queenstown TAS 7467





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**SIGNATURE**

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**DATE**

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