



Town of Tillsonburg
By-Law Enforcement
10 Lisgar Avenue, Tillsonburg, ON N4G 5A5

Tel: (519) 688-3009
Fax: (519) 688-0759

Barking Dog Evidence Package

Enclosed is the “Barking Dog Evidence Sheet”. This document, when completed and returned to By-Law Enforcement, will assist the Officer with the investigation. You are required to complete this document and return it to our office where it will be reviewed to determine if there is enough evidence to move forward with enforcement, which may result in a fine and/or court action. Your name as the complainant is confidential, however, if court action is needed you will be required to attend and testify.

Read these instructions before you begin documenting.

- Document the noise for a minimum of 5 days; it does not need to be 5 days in a row.
- Record times the barking starts and stops, ie:
 - 5:04 am to 5:10am
 - 9:30pm to 9:45pm
- You **must** be able to see the dog barking at every occurrence. Just knowing the bark is not sufficient for court.
- Documentation must be in the handwriting of the adult(s) prepared to testify in court.
- Record how the noise disturbs you in the “Complainant’s Activities” column.
- Sign each sheet; signatures are needed for each witness if there is more than one.
- Sheets must be hand-written neatly.
- Make a copy for your records.
- Continue documenting after you return your sheets to our office, as the investigating Officer may need more documentation.

Return completed documentation to the **Customer Service Centre** at 10 Lisgar Ave.

Documentation must be submitted to the By-Law Officer investigating in a timely fashion as the Provincial Offences Act provides for **thirty (30) days maximum** from the date of the last occurrence.

If you have any questions or require further information regarding this matter, please contact the Municipal By-Law Enforcement Officer. Phone: (519) 688-3009 ext. 4610.



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Barking Dog Evidence Sheet

Name of Complainant(s):
Address: Postal Code:
Phone:
Address of Dog(s):
Description of Dog(s):

DATE	START TIME	END TIME	CAN DOG BE SEEN? (yes/no)	COMPLAINANT'S ACTIVITIES (How does noise disturb you?)

NOTES:

Have you made an attempt to speak with the owner of the dog? <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Complainant(s): _____

