

PLEASE KEEP THIS COVER SHEET FOR REFERENCE

DEFECATING
AFFIDAVIT

PLEASE READ INSTRUCTIONS CAREFULLY

IN ORDER FOR ANIMAL CONTROL TO PROCESS THE CASE IN TIMELY MANNER, WE ARE REQUESTING THAT YOU SUBMIT YOUR AFFIDAVIT WITHIN 96 HOURS (4 DAYS) OF THE INCIDENT, PLEASE BE SPECIFIC. THE AFFIDAVIT NEEDS TO CONTAIN THE FOLLOWING INFORMATION: WHO? WHAT? WHEN? AND WHERE?

DESCRIBE THE ANIMAL TO THE BEST OF YOUR ABILITY, Breed, Color/Markings, Name, Age.

NAME AND ADDRESS OF OWNER

Owner's address is necessary or description the owner's residence.

TIME AND DATES OF INCIDENTS/VIOLATIONS - WITNESSED PERSONALLY. Describe the incident/violation.

LOCATION OF INCIDENT

State the area/location of the animal at the time of incident/violation.

PHOTOGRAPHS (IF POSSIBLE)

Photos of the animal in violation of County Ordinance. Please document on the back of the photo, the date, time, and the whereabouts of the animal.

ALL STATEMENTS MUST BE NOTARIZED
RETURN YOUR NOTARIZED AFFIDAVIT TO

BREVARD COUNTY ANIMAL CONTROL
1040 S. FLORIDA AVENUE, SUITE 118-A
ROCKLEDGE, FLORIDA 32955

PLEASE CALL 407-633-2024 EXT.2326 FOR ANY QUESTIONS OR ASSISTANCE

BREVARD COUNTY ANIMAL CONTROL
1040 S. FLORIDA AVENUE, SUITE 118-A
ROCKLEDGE, FLORIDA 32955
(407) 633-2024 EXT. 2326

AFFIANT'S NAME _____

ADDRESS _____

CITY _____ PHONE # (HOME) _____ (WORK) _____

DATE OF STATEMENT _____ TIME _____ DATE OF BIRTH _____ AGE _____

STATEMENT:

ANIMAL OWNER'S NAME (PRINT) _____

ADDRESS _____

DESCRIPTION OF ANIMAL, BREED/COLOR/MARKINGS/NAME/AGE (IF KNOWN) _____

PLEASE DESCRIBE & ENTER TIME/DATES OF VIOLATION. LOCATION OF INCIDENT. PHOTOGRAPHS (IF POSSIBLE)

SIGNATURE OF AFFIANT _____ DATE _____

SWORN TO OR AFFIRMED AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____ 19 _____

BY _____ PERSONALLY KNOWN TO ME OR PRESENTED

THE FOLLOWING FOR IDENTIFICATION _____

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE