



PortAugusta

CITY COUNCIL

NUISANCE FORM - GENERAL INSPECTOR

All sections must be completed in full or to the best of your knowledge.

All personal details remain CONFIDENTIAL

DETAILS OF PERSON MAKING REPORT

Name: _____

Residential address: _____

Postal address: _____

Contact Number: _____ Email: _____

PLEASE TICK *(one nuisance per form)*

- | | | |
|--|---|--|
| <input type="checkbox"/> Wandering dog | <input type="checkbox"/> Unregistered dog | <input type="checkbox"/> Dead animal pick-up |
| <input type="checkbox"/> Animal attack against human | <input type="checkbox"/> Cat nuisance <i>*If required, please complete "Cat Catching Cage Application Form"</i> | <input type="checkbox"/> Dog surrender |
| <input type="checkbox"/> Animal attack against animal | <input type="checkbox"/> Non-domestic animal | <input type="checkbox"/> Parking offences |
| <input type="checkbox"/> Dog harassment against human | <input type="checkbox"/> Other <i>*For barking dogs please complete "Barking Dog Nuisance Form"</i> | <input type="checkbox"/> Abandoned vehicle |
| <input type="checkbox"/> Dog harassment against animal | | |

DETAILS OF NUISANCE

Date: _____ Time: _____

Location: _____

DETAILS:

(Please include all relevant information (animal tag number, vehicle registration plate, colour, breed/make etc))

DETAILS OF BELIEVED OWNER/OFFENDER

Name: _____

Residential address: _____

Postal address: _____

Contact Number: _____

**Upon signing this form I agree that should legal proceedings be required I will
APPEAR IN COURT AS A WITNESS TO GIVE EVIDENCE TO THE TRUTH OF THIS COMPLAINT**

Signature: X _____
(signature) *(date)*

OFFICE USE ONLY

CRM Request Number: _____

Infringement number: _____