



TOWN OF GROTON

173 Main Street
Groton, Massachusetts 01450-1237
Phone (978) 448-6576
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Office of the
Dog Officer

DOG COMPLAINT FORM

To the Attention of:

Date: _____

Groton Board of Selectmen

Complainant:

Owner of Dog:

Name: _____

Name: _____

Address: _____

Address: _____

Mailing Address: _____

Mailing Address: _____
(if known)

Phone: _____

Phone: _____

Pursuant to Chapter 140, Section 157 of the Massachusetts General Laws, I (we) wish to file a formal complaint concerning the actions of the dog(s) in the care of or kept by the above indicated owner.

Text of Complaint:

I certify, to my best knowledge and belief, under the penalties of perjury that the above statements are true and accurate.

Signature of Complainant:
