Gaithersburg Police Department
Animal Services
14 Fulks Corner Avenue
Gaithersburg, MD 20877
301-258-6400
301-258-6410(Fax)
animalcontrol@gaithersburgmd.gov

For Official Use Only

Case #:_____

Citation #:_____

Affidavit

This document is a statement of facts from you, the complainant/witness, containing information based upon your personal knowledge and observations regarding an event(s) in which an alleged violation of Gaithersburg City Code, the Code of Maryland regulations or the Annotated Code of Maryland occurred.

Please be advised that this statement can be used by this Department to issue an Order to Correct, Civil Citation or Criminal Charges to the defendant/violator, for the violation(s) of these articles. Therefore, you could be called to testify under oath about the information in this statement in a court of law or before the Animal Control Board. Also, it is the right of the defendant/violator to receive a copy of this statement when a charge is issued. Therefore, your identity will be known to the defendant if a charge is issued.

PLEASE PRINT OR TYPE ALL INFORMATION. Please fill out this form completely and accurately as possible.

Complainant/Witness (Person filling out this document)

Name: _____ Phone: _(_____)_____-_____

Address: _____ City/State/Zip: _____

Defendant/Violator (Person who committed the violation)

Name: _____ Phone: _(_____)_____-_____

Address: _____ City/State/Zip: _____

Type of Violation (Check)

☐ **Cruelty to Animals** — City Code Chapter 4; 4-3

☐ **Animal at Large** — City Code Chapter 4; 4-4 (a) (1)

☐ **Barking/Noise** — City Code Chapter 4; 4-4 (a) (3)

☐ **Animal Bite** — City Code Chapter 4; 4-10

☐ **Attracting Wildlife** — City Code Chapter 4; 4-6

☐ **Sanitation** — City Code Chapter 4; 4-4 (b)

Other Violation (Specify): _____

Animal(s) Description: _____

Date/Time of Violation: _____ Location: _____

Incident Narrative (What did you see?). {*Use continuation page for more space if needed}:*

_____

_____

_____

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_____

Have you witnessed any violations by this defendant before? Check: ☐ Yes ☐ No

List Violation(s) w/ approx. date(s) and time(s)? _____

I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information and belief.

Complainant/Witness Signature: _____ Date: _____

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Affidavit
(Continuation page _____ of _____)

PLEASE PRINT OR TYPE ALL INFORMATION. Please fill out this form completely and accurately as possible.

Complainant/Witness Name (Person filling out this document): _____

Continue Incident Narrative from previous page. {*Use continuation page for more space if needed}*

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I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information and belief.

Complainant/Witness Signature: _____ Date: _____