Statement of Witness



Mississauga Animal Services

735 Central Parkway West Mississauga, ON L5C 4H4

Tel: 905-615-3200 ext. 3932 or **Dial 3-1-1** (905) 615-4311 outside city limits) www.mypetmississauga.ca

Personal information on this form is collected under the authority of Section 11 of the Municipal Act, 2001, the Dog Owners Liability Act, and City of Mississauga By-law 0098-2004 as amended. Questions about the collection of personal information should be directed to the Manager, Animal Services, 735 Central Parkway West, Mississauga, Ontario L5C 4H4, Tel 905-615-3200 ex 5859

Ensure the occurrence details you provide are factual and concise. Be advised that the information that you provide may later be submitted as evidence in court. Keep a copy of the completed form for your records and send the original by mail to the address above or deliver to Animal Services.

For more information about dog bites and safety, go to www.mypetmississauga.ca

WITNESS INFORMATION			7. 0					
Last Name			First Na				Depart Date (mm dd 14)	
Last Name			riist ivai	me			Report Date (mm-dd-yy)	
Address							Postal Code	
Telephone (daytime)							Telephone (evening)	
OCCURANCE DETAILS								
Closest address or intersection of occurrence								
Closest address of intersection of occurrence	;							
Occurrence Date (mm-dd-yy)	Day	Dusk	Night	Clear Day	Rain	Snow	Time	AM / PM
Coodinative Date (tilling and 33)	Duy	Buok	. tigin	Cidal Bay	· toiii	Chon		7 401 / 1 101
Describe the situation (ensure your occurrence details are factual and concise)								
Signature			C	ate				

Signature	 Date	 	