

PLEASE KEEP THIS COVER SHEET FOR REFERENCE

AT LARGE
AFFIDAVIT

PLEASE READ INSTRUCTIONS CAREFULLY

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

NAME AND ADDRESS OF AFFIANT

DESCRIBE THE ANIMAL TO THE BEST OF YOUR ABILITY

(Breed, Color/Markings, Name, Age)

NAME AND ADDRESS OF OWNER

TIME AND DATES OF INCIDENTS/VIOLATIONS-WITNESSED PERSONALLY

Describe the incident/violation. You **MUST** give a **specific date and time**.

LOCATION OF INCIDENT/VIOLATION

State the area/location of the animal at the time of the 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 whereabouts of the animal.

ALL STATEMENTS MUST BE NOTORIZED

RETURN YOUR AFFIDAVIT TO:

BREVARD COUNTY
ANIMAL SERVICES AND ENFORCEMENT
1515 SARNO ROAD, BLDG A
MELBOURNE, FL 32935

IF YOU HAVE ANY FURTHER QUESTIONS OR NEED FURTHER ASSISTANCE PLEASE CALL (321) 633-2024 OR (321) 255-4346.

**BREVARD COUNTY
ANIMAL SERVICES AND ENFORCEMENT DEPARTMENT
1515 SARNO ROAD, BLDG A
MELBOURNE, FL 32935
(321) 633-2024 OR (321) 255-4346**

AFFIANT'S NAME _____

ADDRESS _____

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

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

ANIMAL OWNER'S NAME (IF KNOWN) _____

ADDRESS _____

STATEMENT: (PLEASE DESCRIBE & ENTER TIME/DATES OF VIOLATION. LOCATION OF INCIDENT. DESCRIPTION OF ANIMAL (BREED, COLOR/MARKINGS, NAME, AGE). PHOTOGRAPHS IF POSSIBLE)

SIGNATURE OF AFFIANT

DATE

STATE OF FLORIDA,
COUNTY OF BREVARD

SWORN TO OR AFFIRMED AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____ 20 _____

BY _____ PERSONALLY KNOWN TO ME OR PRESENTED

THE FOLLOWING FOR IDENTIFICATION _____

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE