



Panhandle Animal Welfare Society
752 Love Joy Rd., Fort Walton Beach, Florida 32548
850.244.0196 Office 850.664.0445 Fax
AnimalControl@paws-shelter.org

AFFIDAVIT OF COMPLAINT

Any person who knowingly gives false information may be prosecuted under Chapter 837, F.S.

Complainant's name: _____ Phone NO: _____

Address: _____

I hereby request that Animal Services at PAWS investigates and, if valid, issue a citation to the pet owner listed below. I have personally witnessed the following incident:

Dates of occurrence _____ Times _____

Description of the animal(s) _____

Owner's name _____ Phone NO: _____

Address _____

I understand that by giving this sworn statement it will be necessary for me to appear before the Okaloosa County Circuit Judge if this citation is contested or if the defendant's appearance before the Circuit Court is, mandatory.

\Complainant's Signature _____

Sworn to and subscribed before me this _____ day of _____, 20__ by _____

Who is personally known to me or has produced (driver's license, state ID, etc.) _____

_____ My Commission expires _____

Notary Public, State of Florida Okaloosa County

