

# City of Mission Viejo

#### **Animal Services Center**

Serving the Cities of Mission Viejo, Laguna Niguel, Aliso Viejo, Laguna Hills and Rancho Santa Margarita

Case #:	
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### **SWORN STATEMENT**

Ι,	, witnessed the following incident and make this	
statement of my own free will.		
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	Initials	

Case #:	
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# **SWORN STATEMENT (Continued)**

Initials

28095 Hillcrest • Mission Viejo, California 92692 3045 http://www.cmvas.org



## **SWORN STATEMENT (Continued)**

Date of Incident://_	Time of Incident:		
Name of Victim(s):			-
Location of incident (address i	f known:		-
Description of dog(s) (color, br	reed, sex, size, and name if k	ŕ	-
Name of dog owner(s):			-
Address of dog owner(s):			-
Phone number(s) of dog owner	<b>:</b>		_
I have read the above statement and correct to the best of my k		ialed all corrections and st	ate that it is true
Printed Name	Signature	Date	_
Address		Phone Number	
CA Driver's License Number			

### Mail or Hand Deliver original to: City of Mission Viejo

City of Mission Viejo Animal Services Center 28095 Hillcrest Mission Viejo, CA 92692