

**Atlantic Beach Police Department**  
850 Seminole Road  
Atlantic Beach, FL 32233-5445  
Tel (904) 247-5859 Fax (904) 247-5867  
[www.coab.us](http://www.coab.us)



Page \_\_\_\_\_ of \_\_\_\_\_

## **Animal Complaint Affidavit**

I have been warned of my constitutional rights and know that I do not have to make any statement at this time. I am freely and voluntarily make the following, knowing full well this statement, or any portion thereof, may be used against me or any other person at any time in any court, trial, or other issue. I further state that I have not been subjected to any threats or duress and have received no promise of reward or immunity.

My name is \_\_\_\_\_.

I live at \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

and my telephone number(s) are \_\_\_\_\_ (Home #, Cell #, or Work #).

Name/Description of Animal:

Name/Address of Owner: \_\_\_\_\_

Time and Date of Incident: \_\_\_\_\_

Describe the incident in detail:

I do hereby certify that I have read the preceding statement and that it is true to the best of my knowledge and belief.

Signature of Person Making Statement  
**(To be valid, Notary must witness signing of affidavit)**

---

Signature of Parent or Guardian if Minor  
**(To be valid, Notary must witness signing affidavit)**

STATE OF FLORIDA

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ by  
(Name of person making statement)

**Notary Seal:**

---

## Notary Public/Officer

Print, Type, or Stamp Name

Personally Known OR Produced ID

If Produced ID, type & number