

MATANUSKA-SUSITNA BOROUGH

Animal Care & Regulation

Physical Address: 9470 E. Chanlyut Cir. • Palmer Mailing Address: 350 East Dahlia Avenue • Palmer, AK 99645 Phone (907) 746-5500 • Fax (907) 746-6683 www.matsugov.us/animalcare

STATEMENT FORM

Signature required

FOR OFFICE USE		Date : Received by		
Reporting Person's	Information *			
Circle one: Vict	im Witness	Complainant	Other (please explain):	
Name:	Но	ome Phone:	_ Work Phone (optional):	
Physical Address:		Mailing Address:		
Parent Name (if appl	icable):	F	Phone:	
*Information provide	ed may be subject to pu	blic records request dis	sclosure	
			ocation:	
Owner of Animal (if	known):			
Address:			Phone:	
Additional Informati	on:			
Please provide a DE	ГАILED ACCOUNT о	f the incident:		
	- Sign	ature line on back -	Continue on next po	

Officer's Name:	Signature:	Date:
Printed Name:	Signature:	Date:
*If I am a human or veterinan specific report, I am making thi	ry medical provider involved in the t is report as required by MSB Title 24.	reatment of a patient related to this 20.030
	nd voluntarily* to the Matanuska-sat this statement is true and correct to	
I make this statement free a	nd valuntarily* to the Matanucka	Sucitna Rorough Animal Care and
Please draw a DETAILED MAP to	o the problem area:	