DALLAS ANIMAL SERVICES STATEMENT OF WITNESS

For Office Use Only:	
A#:	
Activity#:	

Name:	DOB:	(H) Phone:
		(W) Phone: (C) Phone:
Address:	City/State/Zip:	Email:
·	etail exactly what you witnessed. Please print	/write legibly. Begin with the date
and the location then construct th	ne facts in chronological order.	
(WARNING: Any untruthful staten	nent given knowingly may result in prosecution	on for perjury).
State of Texas		
County of Dallas		
·		
	, an Animal Services Officer, ir	
	, personally appeared	who declares
that the statements made herein	are true and correct.	
	Signature of Affiant	
Subscribes before me this day	of, 20	<u> </u>
	Animal Services Officer,	
City of Dallas Dallas County		

DAS-FRM-273 Effective Date: 9/28/21 Rev. 6

DALLAS ANIMAL SERVICES

STATEMENT OF WITNESS

Statement of Witness (ATTACHMENT)

	Signature o	of Witness		
Subscribe before me this day		of	. 20	
,				
Notary Public in and for Dallas Co	unty Tevas			
rectary rabile in and for ballas col	arrey, rends			

DAS-FRM-273 Effective Date: 9/28/21 Rev. 6