COC AS		NTARY WITNESS S			
0 2 2 0 m 2	CLARK COUNTY ANIMAL PROTECTION SERVICES 4701 W. Russell Road, 1st Floor, Las Vegas, NV 89118				
togetherforhetter	Phone: 702-455-7710 - Fax: 702-455-8102				
togetherforbetter	AnimalProtectionServicesInfo@clarkcountynv.gov				
ACTIVITY NUMBER:	C	OFFICER :		CE#:	
DATE OF INCIDENT:	т	IME OF INCIDENT	:		
	NATURE OF INCIDENT -				
	*Provide details of who was involved, what led to the incident, location details,				
	and why you beli	eve the incident occ	urred.		
			PAGE		OF
WITNESS NAME:					_ 01
DATE OF BIRTH:					
ADDRESS:					
PHONE NUMBER:					
WITNESS SIGNATUR	 E:		DATE:		

Your name, date of birth, address, and telephone number are requested in case additional information is needed or if you are needed for a court appearance pertaining to this case. If you would like to remain anonymous, please do not complete this form as we will not be able to use the information provided. If you provide your name or other personal information it may be disclosed even if you request to remain anonymous. All information collected by this agency is made available to the public in accordance with the Public Records Act.

Q:\FORMS\ANIMAL CONTROL WITNESS STATEMENT REV

Doc rev. 1/8/24



իկուն վույններին մինանիկին հետնենը ինքներին հրվեններին,

STEP 2 PLEASE FOLD UPWARD ON THIS LINE, SEAL WITH TAPE & PLACE IN THE MAIL THANK YOU